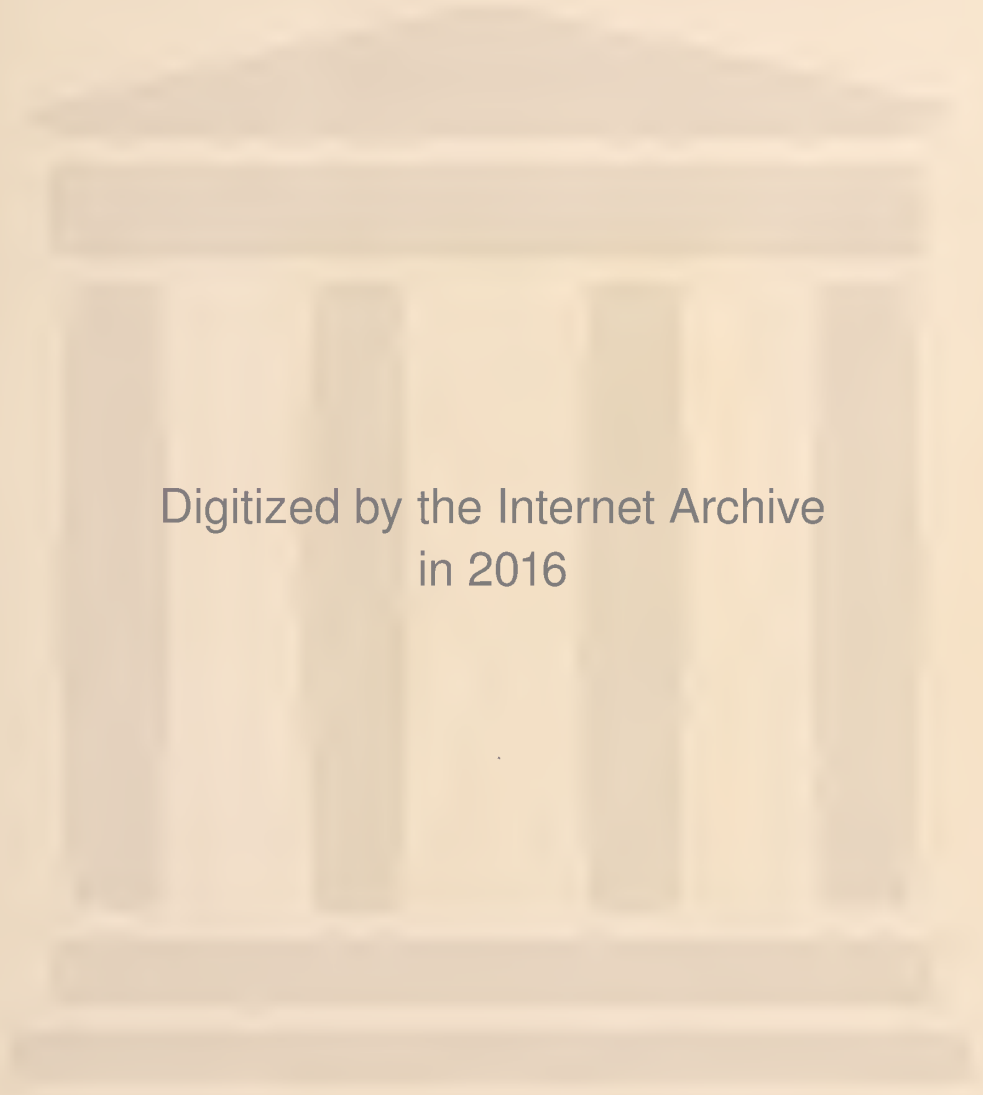
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AFTERMATH OF TRAGEDY: EXCLUSIVE IMJ REPORT—
In a first-hand report of the thalidomide tragedy in Germany, American prosthetist Charles H. Frantz, M.D. (pictured), describes and classifies phocomelia cases—evaluates German habilitative management—reviews the lessons learned. See page 27.

123
1963

VOLUME 123, NUMBER 1 JANUARY, 1963

IMJ

Illinois Medical Journal

OFFICIAL JOURNAL OF THE ILLINOIS STATE MEDICAL SOCIETY

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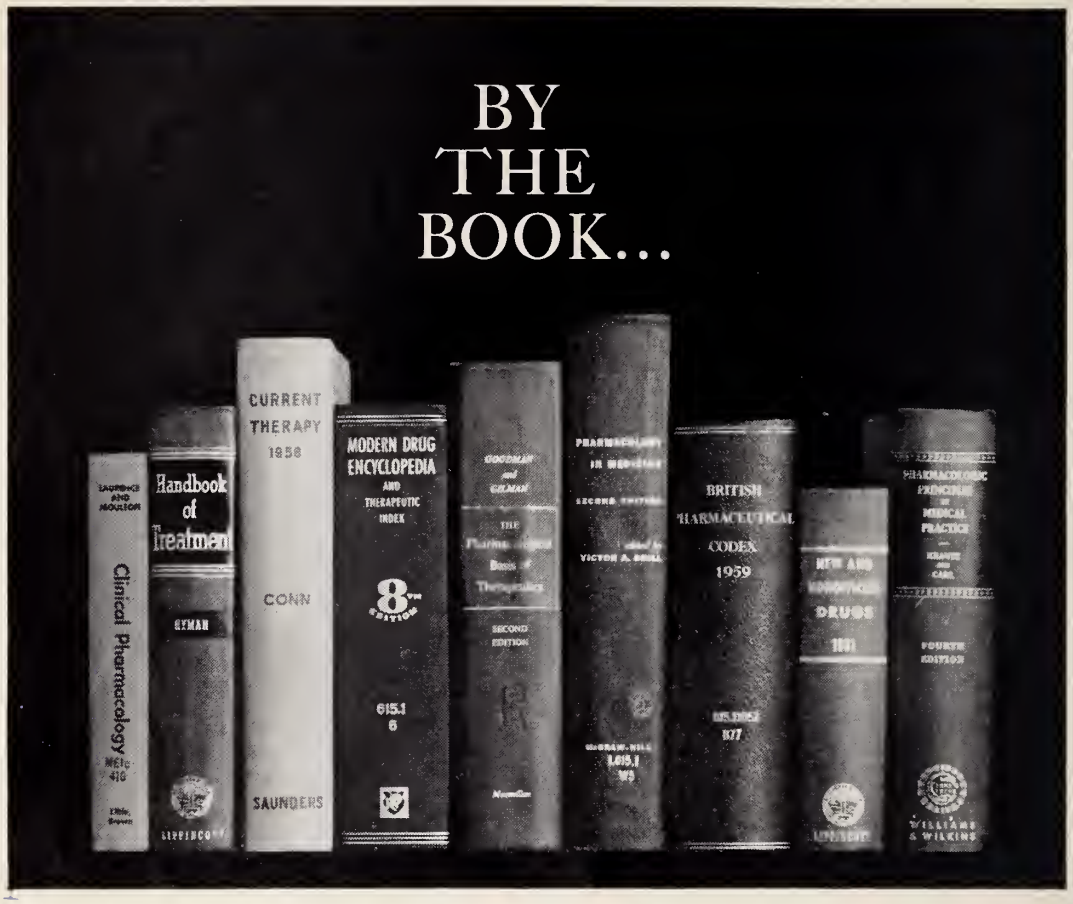
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NEW YORK, N. Y.

D178-37-2

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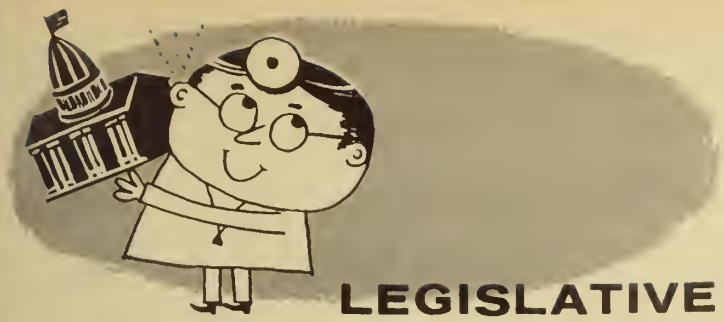
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LEGISLATIVE LISTENING POST

A CHANGING WORLD

We live in a changing world. Our thinking and the tools we use must be adjusted and revised to meet the challenge of these changes.

Beginning with this issue, and in each succeeding issue of the Illinois Medical Journal, a new feature called the "Legislative Listening Post" will bring you the significant legislative happenings of the State Legislature in Springfield and of the Congress in Washington, D.C. A new bulletin "ON THE LEGISLATIVE SCENE" is to be written weekly and mailed to those who would like to receive it. It will replace the Springfield Newsletter and will give you a synopsis of all bills introduced in the State Legislature and in Congress which will be of interest to the Illinois State Medical Society. As this article goes to print, both Federal and State lawmakers are preparing for busy sessions.

OUR FINEST LEGISLATIVE CONFERENCE

We have prepared what we believe to be the finest legislative conference it has been our pleasure to present. It should be of interest to every member of the Illinois State Medical Society, as well as every Auxiliary member. Every county legislative chairman should make a special effort to be in attendance.

LEGISLATIVE CONFERENCE -- TENTATIVE PROGRAM
February 19, 1963
St. Nicholas Hotel, Springfield, Illinois

10:00 a.m.	Registration and Coffee Hour
10:45 a.m.	Morning Session -- Harlan English, M.D., Chairman Welcome -- Harlan English, M.D., President-elect
10:50 a.m.	"Legislative Responsibilities of ISMS" -- Robert L. Richards, Executive Administrator, ISMS
11:00 a.m.	Keynote Address -- Ernest B. Howard, Assistant Executive Vice-President, AMA
11:20 a.m.	"Legislative Problems of the State Department of Public Health" Franklin D. Yoder, M.D., Director
11:35 a.m.	"Problems Affecting the Practice of Medicine in the Department of Registration and Education" -- William Sylvester White, Director

11:50 a.m. "Legislative Problems in the State Department of Mental Health"
Francis P. Gerty, M.D., Director

12:10 p.m. Question and Answer Period for Morning Speakers

12:30 p.m. Luncheon -- J. Ernest Breed, M.D., Chairman
Invocation --
Introduction --
Luncheon Speaker -- Vincent P. Collins, M.D.,
Baylor University College of Medicine
"The Doctor and the Law"

2:30 p.m. Panel: "Illinois State Legislation 1963"
Moderator: V. P. Siegel, M.D.
Kerr-Mills -- Edwin S. Hamilton, M.D.
Revisions of Illinois Nursing Act -- Willard C. Scrivner, M.D.
Revisions of Medical Practice Act -- Philip G. Thomsen, M.D.
Special Legislation Affecting Medical Practice --
H. Close Hesseltine, M.D.

3:30 p.m. Panel: "Operation -- Grass Roots" -- How to make friends and influence legislation
Moderator: Roger N. White, Assistant Administrator, ISMS
Charles Johnson, Field Representative, American Medical Association
Harold W. Widmer, Legislative Representative, ISMS
John W. Neal, Executive Administrator, Chicago Medical Society
Mrs. Fred C. Endres, Co-Chairman, Legislative Projects,
Woman's Auxiliary, ISMS

4:30 p.m. Question and Answer Period

5:00 p.m. Adjournment

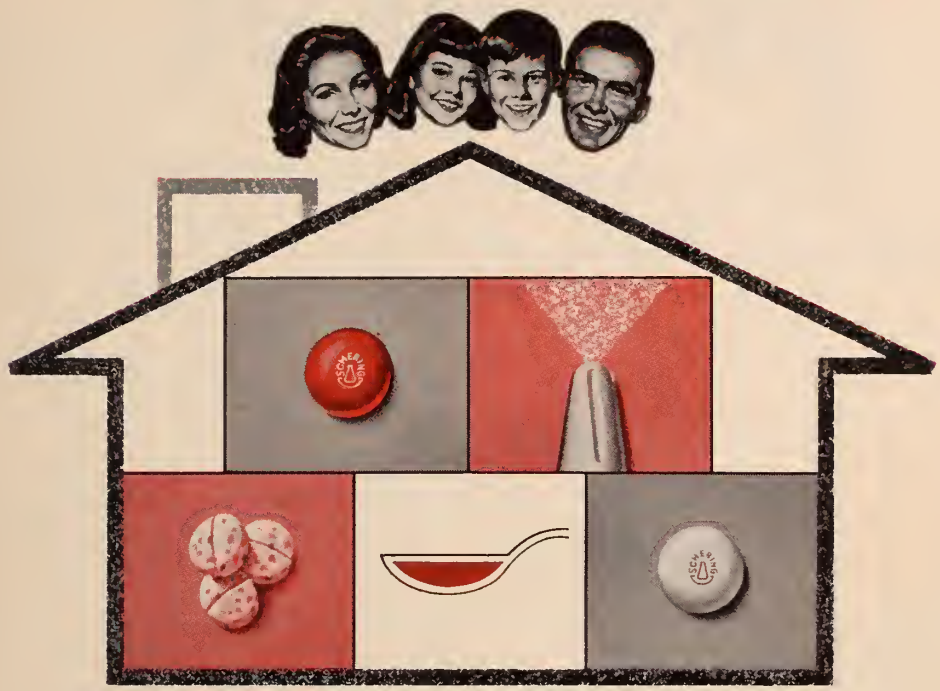
BIENNIAL LEGISLATIVE RECEPTION AND DINNER

Previously it has been our privilege to honor the members of the General Assembly in Springfield. We believe this to be a very successful and worthwhile opportunity for the physicians to personally get better acquainted with our elected representatives in a spirit of good fellowship. This year we will hold the reception and dinner following the Legislative Conference at the St. Nicholas Hotel on February 19, in Springfield. Cocktails will be served at 6:00 p.m. and dinner at 7:00 p.m An entertaining program under the guidance of Dr. Ralph N. Redmond and his Committee is being planned. We would like to see representation from every county in attendance.

NATIONAL LEGISLATIVE SCENE

The first session of the 88th Congress will consider important medical legislation. One very important issue will be a concerted effort to enact medical care legislation for the aged under social security which would provide hospital care for older persons without consideration of whether they could afford to pay their own hospital expenses. This program would be tied to Social Security, which would create a substantial tax hike. The total social security tax now is 7-1/4% on the first $4,800.

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Bright red, pleasant tasting, raspberry flavored syrup

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Published monthly by the Illinois State Medical Society, 360 N. Michigan Avenue, Chicago 1, Ill. Subscription $5.00 per year, in advance, postage prepaid, for the United States, Cuba, Puerto Rico, Philippine Islands, and Mexico. $7.00 per year for all foreign countries included in the postal union. Canada, $5.50. Single current copies available at cost of 75 cents.
Second class postage paid at Chicago, Illinois. POSTMASTER: Send notices on form No. 3579 to Illinois State Medical Society, 360 N. Michigan Ave., Chicago 1, Ill.
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Manuscripts should be submitted in duplicate, an original and one carbon, typed double-space. An article should not exceed 4,500 words. References should contain in order: name of article, name of publication, with volume, page, month (day of month if weekly) and year. Photographs submitted should be black and white glossies. Number, indicate top, and place author's name on back of each illustration. Original articles must be submitted only to IMJ.

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AS I SEE IT FROM '360'

By Robert L. Richards
Executive Administrator

Harold W. Widmer—



Our Vital Link with the State Lawmakers

In the last issue we reported several important administrative changes designed to increase the effectiveness of the Society's membership services.

One of the most important of these changes was the appointment of Mr. Harold W. Widmer as Legislative Representative to the General Assembly in Springfield.

The expanding spheres of legislation and organized medicine make it important and necessary for physicians to maintain close liaison with the law-making bodies of the nation. Harold Widmer will be the link between these two groups in Illinois. His experience in legislative activities should make him a most effective link.

In 1952 he was elected to the General Assembly from Freeport, Ill., where he served for 10 years. As a member of the legislature he was Chairman of the Public Aid Health Welfare and Safety committee in the 70th session and a member of the Committees on Insurance, Education, Executive and Revenue in the 72nd General Assembly.

During his tenure in the Legislature he supported the activities and aims of the state society through his voting and committee activities.

As legislative representative, Mr. Widmer will keep the legislators informed on the needs and views of Illinois physicians and in turn keep the Illinois physician informed on pending legislation which will affect his practice of medicine. Mr. Widmer will spend most of his time in Springfield and Chicago. However he and Mrs. Widmer and their two children will maintain their residence in Freeport, Illinois.

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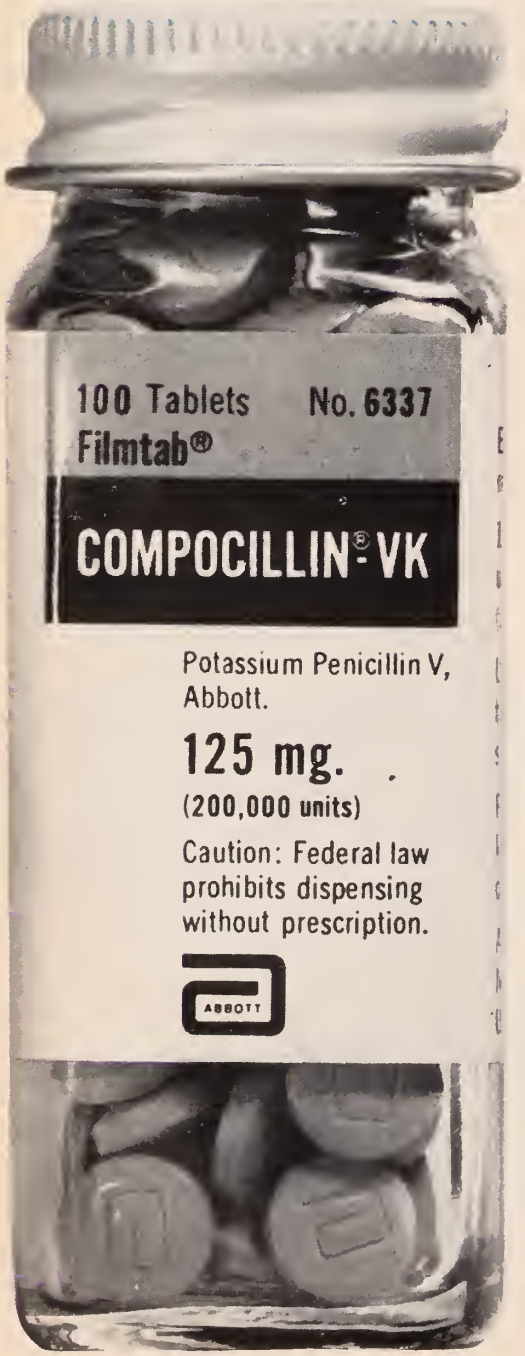
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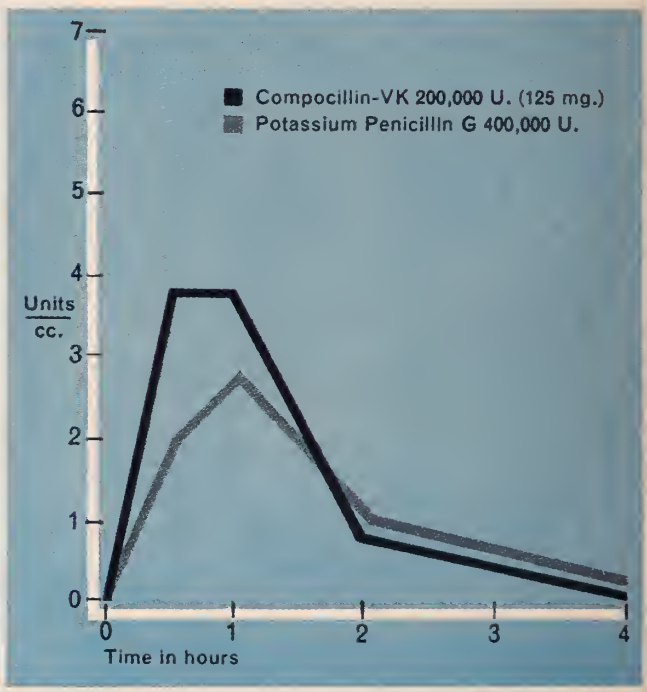
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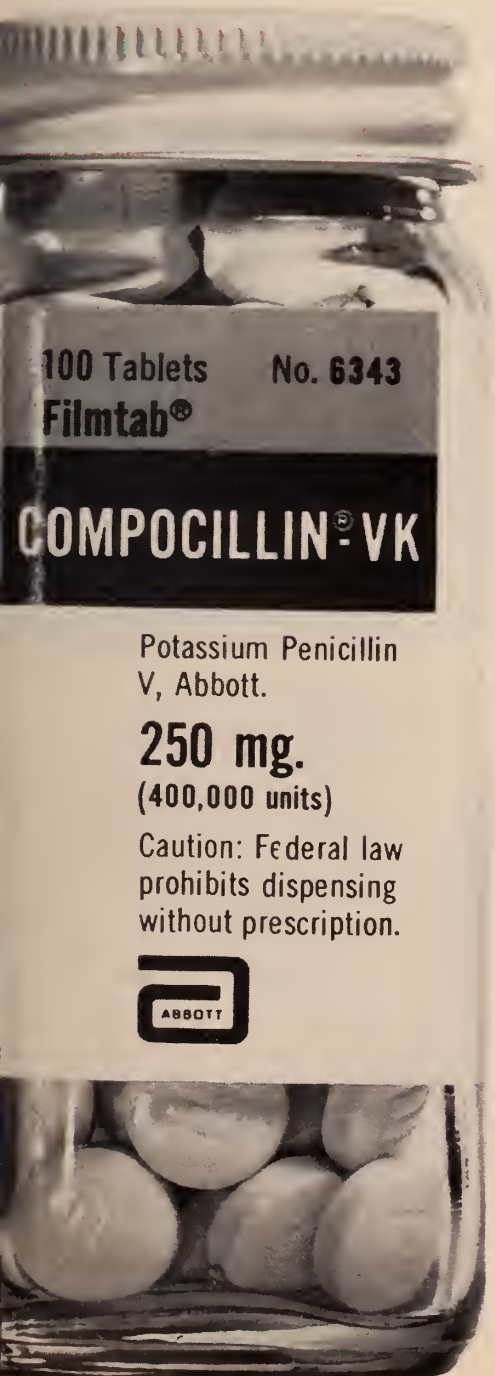
Consider milder bacterial infections

An example might be a respiratory infection. Here economy could be a definite factor in your thinking. In the chart above, you'll see that 200,000 units (125 mg.) of Compocillin VK produces blood levels at least equal to those obtained with 400,000 units of oral penicillin G potassium. This means that in less severe infections, Compocillin-VK may be given at *half* the dosage needed with oral penicillin G—with no sacrifice in blood levels. In these cases, the cost of Compocillin-VK therapy will be no more—and often will be less—than treatment with oral penicillin G.

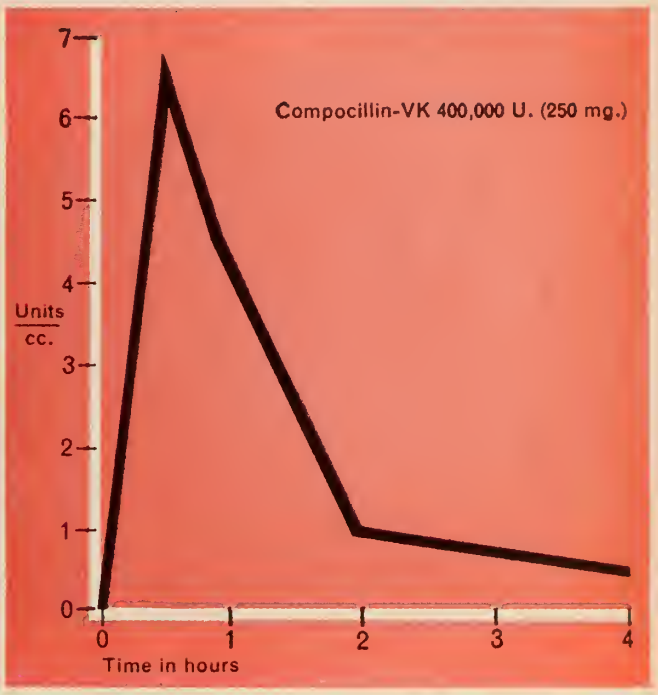
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Filmtab—Film-sealed tablets, Abbott; U.S. Pat. No. 2,881,085

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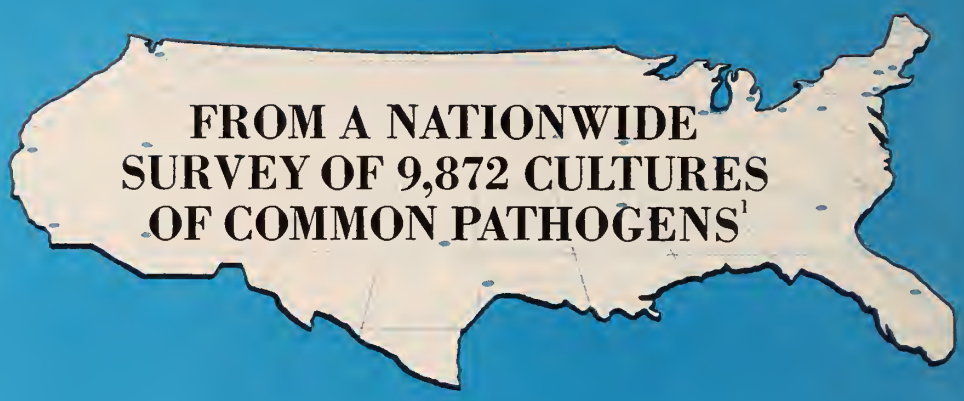


Then, for severe infections...

. . . where your primary concern is high peak serum concentrations, you can prescribe Compocillin-VK at *full therapeutic dosage* and get the maximum antibacterial activity possible with an oral penicillin. The chart above shows the rapid peak blood levels obtained with 400,000 units (250 mg.) of Compocillin-VK. Actually, these peaks occur faster—and are higher—than those obtained with intramuscular penicillin G. Indeed, Compocillin-VK has been used in cases previously reserved for parenteral treatment. The safety advantage (oral vs. injectable) goes without saying.

*Chart data from two separate studies completed by the Microbiologic and Medical Departments of Abbott Laboratories.

ABBOTT LABORATORIES NORTH CHICAGO, ILLINOIS



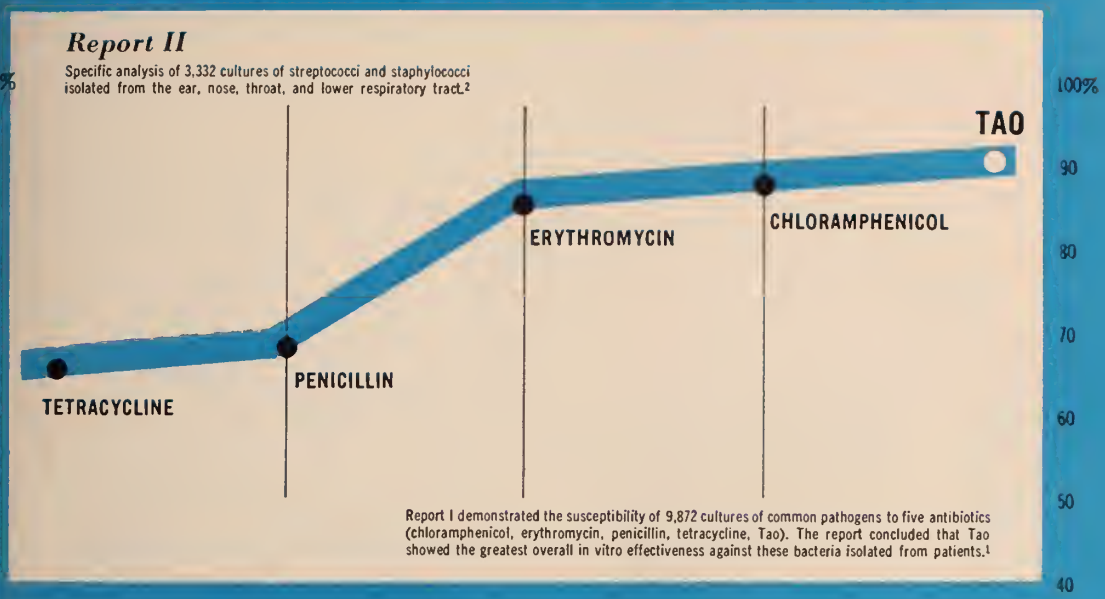
FROM A NATIONWIDE SURVEY OF 9,872 CULTURES OF COMMON PATHOGENS[1]

Conclusions of Nationwide Survey: *Report I*

1. Even after five years of general use, Tao, of the antibiotics tested, demonstrated greatest activity against respiratory streptococci and staphylococci (3,332 cultures).

2. Overall results showed a higher percentage of susceptibility among these common pathogens to Tao than to the other antibiotics. Susceptibility to Tao was greatest, not only in respiratory streptococci and staphylococci, but also in these organisms isolated from skin and soft tissue (3,423 cultures), genitourinary and gastrointestinal tracts and other sources (2,458 cultures). Susceptibility was equal to all antibiotics tested in pneumococci from unspecified sources (463 cultures), and less to Tao in H. influenzae from unspecified sources (196 cultures).

3. Tao has been used for five years without development of predictable cross resistance. In 1958 and 1961, approximately 73% and 70%, respectively, of erythromycin-resistant problem staphylococci showed susceptibility to Tao.[3,4] The present study confirms the continuing high degree of Tao activity even against these pathogens. Of 1,592 cultures of erythromycin-resistant staphylococci, 68% were susceptible to Tao, while in the reverse situation, only 33% of 768 Tao-resistant staphylococci were susceptible to erythromycin.



Report II

Results of Bacterial Susceptibility in 3,332 Respiratory Pathogens

eferences

"Bacterial Susceptibility Patterns: A Geographic Sur-y." Fowler, J. Ralph, M.D., and Watters, John L., .D. Scientific Exhibit presented at the Annual Meet- of the American Society of Clinical Pathologists, icago, Ill., August 31 to September 9, 1962. Fowler, J. Ralph, Watters, John L. and Levy, Artbur .: Bacterial Susceptibility Patterns as Related to Geo-phic Variation and Anatomical Source. In press. English, A. R., and Fink, F. C.: Antibiot. & Chemo-er. 8:420 (Aug.) 1958. 4. English, A. R., and Fink, C.: Antibiot. and Chemother. 11:648 (Oct.) 1961.

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1. Taub, S. J.: Clin. Med. 7:2575, 1960. 2. Clinical Reports to the Medical Department, Armour Pharmaceutical Company, 1960. 3. Billow, B. W., *et al.:* Southwestern Med. *41*:286, 1960. 4. Physicians' Reports to the Medical Department, Armour Pharmaceutical Company, 1961.

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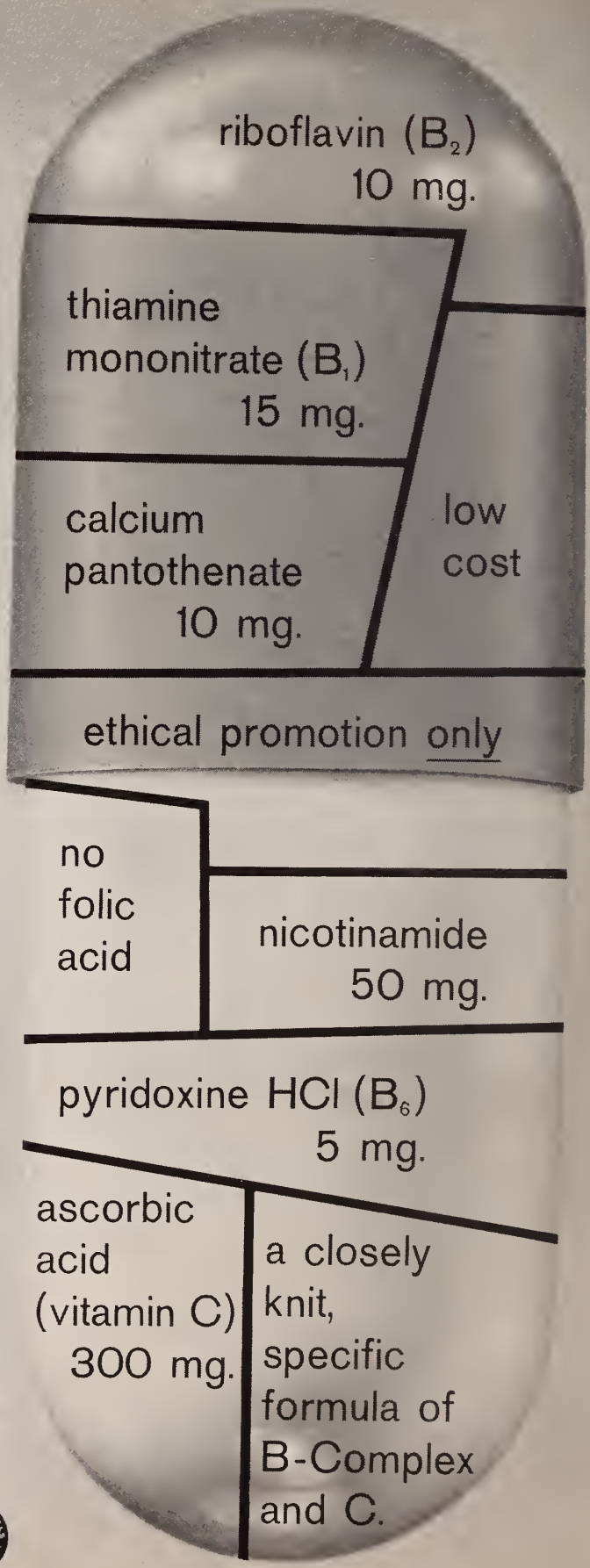
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1. Borota, A., and Grinell, R. N.: J. Amer. Geriatrics Soc., 10:413, 1962. 2. Spoor, H. J.: N. Y. State J. M., 58:3292, 1958. 3. Lubowe, I. I.: Western Med., 1:45, 1960. 4. Weissberg, G.: Clin. Med., 7:1161, 1960. 5. Lieberman, W.: Amer. J. Proctology, 12:374, 1961.

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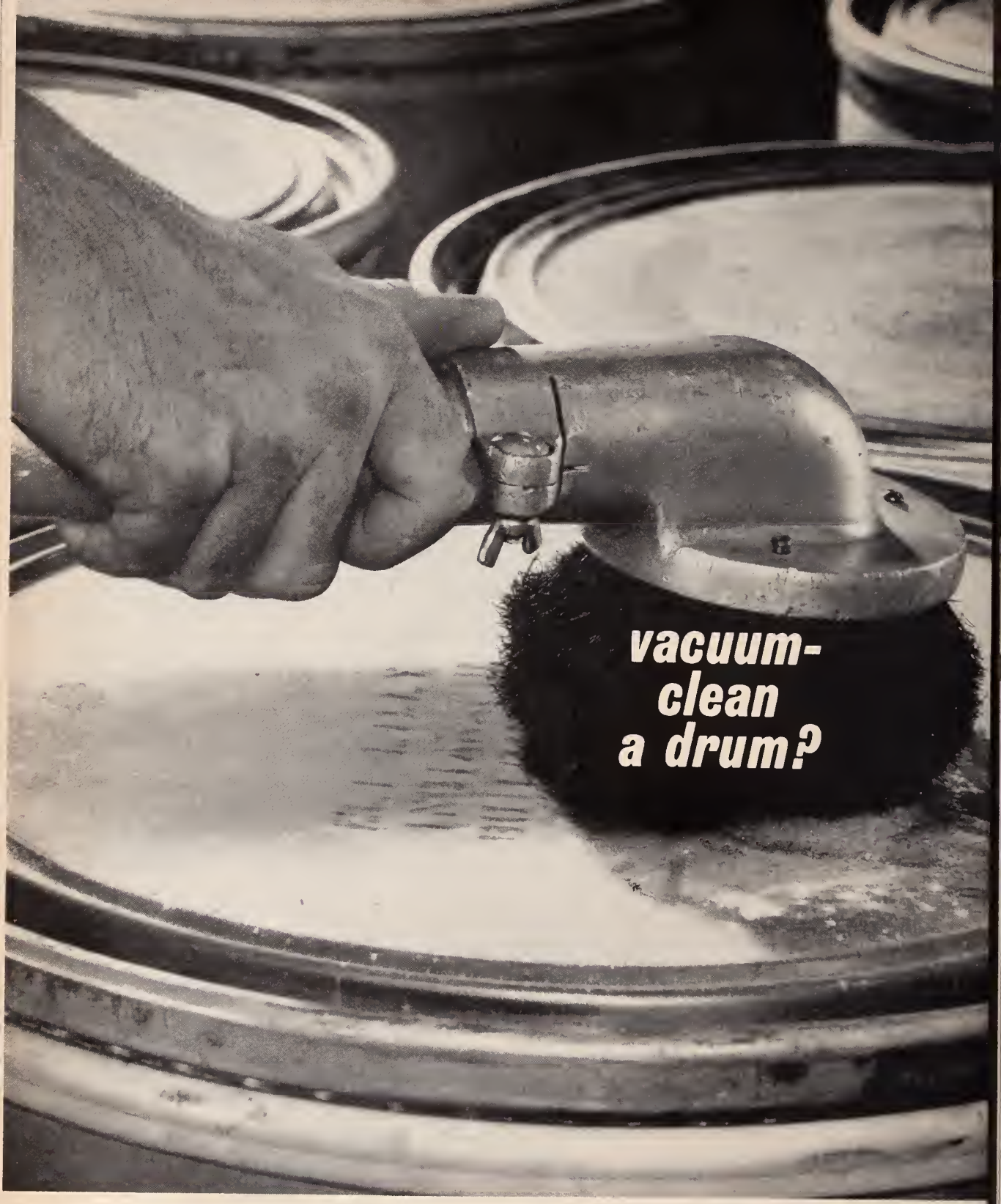
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Cover Story



DESIGN TEAM of Robert Tobaison (left) and Robert Wenzel scrutinize fruit of their labors — the new IMJ cover.

Publication Staff and Design Team Launch IMJ into New Communications Era

How can busy Illinois physicians get more out of their state Journal in less required reading time?

After exploring this problem for many weeks, the IMJ staff decided that new cover design would be a big step in the right direction. With the physician required to learn more and more in less and less time, the staff concluded that a Journal cover must have more than a decorative function — it must *inform.*

The result of this philosophy is the new cover you see on this issue. With the lead article featured at the top, and other important articles and features summarily described below, the new cover serves as a condensed contents page. The physician now has only to look at the *outside* to get a good idea of what's *inside* IMJ. The large monogram "IMJ" on the cover supports the other changes as a strong, quickly-recognized identification symbol.

Designer Robert Wenzel and artist Robert Tobaison, both of whom spent many hours with the IMJ staff finalizing the cover design, agree that a concise, functional presentation of material is the key to scientific publication policy in the future. Mr. Wenzel is a staff associate on several scientific publications, including *Research and Development;* Mr. Tobaison is artist and consultant for *The New Physician.* "The giant strides being made in scientific discoveries has created a new standard of communications," asserts Mr. Wenzel. "Along with the golden age of applied science, we are entering the age of condensed communications." This era, the Staff and Mr. Wenzel predict, will produce a new breed of publications journalist and designer, expert in compressing vast amounts of knowledge in the smallest possible space. To this new breed they give the appellation "Publication Engineer."

The concept of "publication engineering" embodied in the new cover will be instrumental in many new IMJ changes you will see in 1963, all made to inform Illinois physicians better — and faster.

Diphtheria Strikes Again

SAMUEL L. ANDELMAN, M.D., M.P.H.,
Commissioner of Health, City of Chicago



MASS INOCULATION PROGRAM to combat December outbreak of diphtheria was instituted in two clinics and three grade schools on Chicago's north side. Here, Dr. Andelman inoculates boy at St. Mary's of the Woods School.

When the death rate from a disease drops to zero there is a tendency toward complacency. This is invariably an open invitation for the disease to reestablish itself in the community.

In Chicago there were two deaths from diphtheria in 1959. No further deaths occurred until December, 1962, when an 8-year-old girl died of the disease on Chicago's north side. This tragically points up the need for making sure that every person whose Schick test is positive, especially every child, should be immunized with diphtheria toxoid. There is no need to perform the Schick test on the preschool child because if he has not had toxoid he can be assumed to be susceptible to diphtheria, but any person who has been given the toxoid injections should have a Schick test two to four weeks after the final immunizing dose to insure that an immunity has been produced.

Immunity, once developed, is never completely dissipated but does decline. For this reason the Schick test should be repeated every two years especially between the ages 3 and 18. Even in a person with a negative Schick test an overwhelming infection with the *Corynebacterium diphtheriae* may occur.

For that reason an immunized person contracting an infection that appears clinically to be diphtheria should be given antitoxin at once because the only danger from such a course would be serum sickness and if the proper precautions are taken this can be prevented. All young children who appear to have croup or sore throat associated with pale gray spots on the mucosa should have a throat swab and culture so that a positive diagnosis can be made.

Antitoxin neutralizes the diphtheria toxin but has no direct affect on the organism that produces it. The only control over the dissemination of infection therefore is to discover and isolate the infected individual. Since it is virtually impossible to find all the healthy carriers of these organisms, it is essential that we maintain the highest possible level of immunity in all members of the community at all times.

To prevent a diphtheria epidemic during the recent outbreak in Chicago, Health Department teams instituted door-to-door and school immunization programs in which a total of more than 10,000 persons were given inoculations within a week. An estimated 5,000 more persons were given inoculations by private physicians. As a result of this rapid action, a potentially serious outbreak of diphtheria in Chicago was suppressed.





LEFT. Teacher at St. Mary's school sets brave example for her class as she receives diphtheria inoculation. RIGHT. Tables turned — IMJ's assistant editor went to get "shots" of diphtheria inoculation program, receives a "shot" instead.

Not only may it now be possible to slow the inexorable progress of muscular dystrophy, but it may soon be possible to delay the appearance of the disease in young, asymptomatic patients.

The promise of a useful adult life for children who would otherwise never reach maturity was contained in a recent report by Dr. Robert M. Dowben, director of the endocrine and metabolism clinics at Northwestern University Medical School. He presented the report at the American Medical Association's annual clinical meeting in Los Angeles.

Dr. Dowben said he had been able to slow muscle wasting in 34 of the 37 patients treated with a combination of a synthetic anabolic steroid, digitoxin and exercise. In all 34 cases, no further progression of the disease was evident, and in eight of the patients, there was apparently some increase of muscle strength.

However, he emphasized that his treatment



Dr. Robert M. Dowben

Closing in on Muscular Dystrophy

is not a cure. It is not possible to replace muscle that has been laced with fat and connective tissue. Earlier experiments with dystrophic mice indicate that the halt is more apparent than real, and that muscle wasting will continue—but at a much slower rate. In any case, he expects his patients' life span to be greater.

Untreated dystrophic mice reach an average age of four months. On the steroid-and-digitoxin regimen, the life span was tripled.

Dr. Dowben compared his treatment to the use of insulin in diabetic patients. As long as the treatment is continued, the disease is slowed. Continuing the parallel, he said that ultimately the patient would die of MD.

At present, those with the progressive (or childhood) form of the disease usually die before their 18th birthday, with failure of the heart or lung as the major causes of death. In the other forms of MD, muscles waste away steadily, accelerating during puberty but without "plateaus" or remissions.

Dr. Dowben postulated that the disease is a generalized one, affecting muscle cells throughout the body, but first becoming apparent in skeletal muscles. Because of some as-yet-unknown primary defect in the cell's structure or metabolism, he theorized, the cell wall becomes permeable and the protein within the cell escapes.

Although more protein is synthesized, it can never catch up to the amount of nutrient escaping through the cell walls. Lacking nourishment, the cell dies.

The Dowben treatment involves the use of digitoxin, which is believed to act directly on the cell membrane. While it never regains its full integrity, much of the protein seepage may be stopped. The other agent, l-alpha-methyl-delta[1]-androstenolone, is believed to increase the cell's ability to produce protein more rapidly and for a longer period. It appears that the cell can be stimulated to meet enough of the protein loss to allow the cell to function more normally.

Other steroids have been tested on mice and found to be even more effective, but none of these is yet available in a large enough quantity to be tested on human subjects.

"The dosage schedule employed in this trial may not be the most ideal, and no attempt has yet been made to evaluate other dose schedules," Dr. Dowben said. Nor has there yet been a double-blind study; in the Northwestern series, each patient acted as his own control.

being treated only after two years of study.

Eight of the 37 patients treated appeared to gain some strength, most noticeably during the first few months of treatment. Seven of these had the facio-scapulo-humeral types of dystrophy which involve the arm and shoulder muscles, in particular.

Three children, all with the progressive type of MD, grew definitely worse in spite of the treatment.

The other two-thirds of the patients at least held their own, and half of them may have improved slightly.

Dr. Dowben said the drugs used in this treatment appear to have no serious side-effects.

In his unusually-cautious report, Dr. Dowben concluded that much more work and experience is needed, "but this approach to the treatment of dystrophic patients appears to be very encouraging."

ISMS View on IPAC Family Planning

There has been considerable discussion in the public press recently relative to the action of the Illinois Public Aid Commission on providing Family Planning information at the tax payers' expense. As the Advisory Committee of the Illinois State Medical Society to the Illinois Public Aid Commission has been involved in this controversy and has received both praise and criticism from some of the members of our Medical Society, it is thought that the details of what took place relative to this matter should be brought to the attention of all concerned.

On October 13, 1962 the State Advisory Committee to the Illinois Public Aid Commission met in Springfield, Illinois with eight Committee members and two Ex-officio Members of the Society present. Mr. Arnold Maremont, Chairman of the Illinois Public Aid Commission, Mr. Harold C. Swank, Executive Director, and three staff members from the Commission were also present. The minutes of the meeting contained the following and showed the action taken by the Committee:

> With reference to family planning, Dr. Whiting stated that while he had received many telegrams and letters urging that the State Committee recommend that the Commission adopt a planned parenthood program, there is, at the same time, a ground swell of heavy opposition. When he questioned whether it was within the province of the Committee to make a decision on the issue and cautioned the members that a great deal of publicity would be given to any policy recommended and that there might be misinterpretation, Mr. Maremont assured the Committee that the Commission would accept responsibility for any pressures which might result.
>
> In conclusion, it was agreed that the Committee would be reaffirming policy recommended by previous State Committees that the individual's rights and religious beliefs would be respected and that family planning services should be available without prejudice. The Committee unanimously passed the motion that the Commission be urged to adopt a policy to provide for payment for preventive medical services not provided by Public Health Departments, including family planning.

IMJ

Illinois Medical Journal

volume 123, number 1 january, 1963

Increased Incidence of Malformed Infants in West Germany During 1959-1962

Charles H. Frantz, M.D.,
Grand Rapids, Michigan

The tragedy of thalidomide-induced phocomelia in Germany has created new concepts in drug-testing and prosthetic research. These concepts, Dr. Frantz predicts, will give impetus to significant advances benefiting medical practice the world over.

Background Information

Beginning February 1962, press releases in the United States featured the alarming number of congenital malformations appearing in West Germany. News stories indicated that most of these deformities were phocomelia and were thought to be caused by the ingestion of the drug thalidomide by many women during the first eight weeks of pregnancy.

The alarming increase in malformed babies caused considerable anxiety in medical circles. In September, 1961, Professor Hans Rudolph Wiedemann, Professor of Pediatrics of the Children's Clinic in Kiel, published an article calling attention to this increase.[1] Professor Wiedemann indicated that the increased incidence had grown to epidemic proportions and suggested that a toxic agent in the embryonic environment might be a factor. Two months later on November 18, Doctor Wido Lenz, Professor of Pediatrics and Human Genetics at the University of Hamburg, expressed the opinion that a drug was the causative agent.[2] He convinced the producers (Chemie-Grünthal) that thalidomide was the toxic factor, and on November 28, 1961, the drug was withdrawn from the market. Thalidomide was thought to be so innocuous relative to side effects that it was sold over the counter without prescription. A chronologic detail of events leading to the drug's withdrawal from sale is well documented by Doctor Helen B. Taussig.[3]

The drug was not released in the United States, France, Switzerland, the Argentine or Spain. Thalidomide was available in a number of countries under various trade names:

Japan	January 1958	Nine (9) names
England	April 1958	Distoval
Germany	May 1958	Contergan
Israel	March 1961	?
Canada	April 1961	Talimol and Kevadon
Portugal	?	Softenon

Chairman, Subcommittee on Children's Prosthetic Problems, Committee on Prosthetic Research and Development; Director, Crippled Children's Commission, State of Michigan.

From a Report To, and Under a Grant From, The National Society for Crippled Children and Adults, Inc.





Figure 1. Typical paraxial hemimelia (radiall. A three- and a four-digit hand. Thumbs and radii absent. Radial deviation of the hand. Note the hemangioma of the forehead and upper lip.



Figure 1A. Total absence of the radii. Ulna is now bowed in this case. Rudimentary left humerus.



Figure 2. Classical upper phocomelia. There are no arm components. Three- and four-digit hands. No extensor power. There is instability of the flipper hand in relation to the shoulder girdle.

TABLE 1.
Phocomelia Incidence and Clinical Facilities in 10 West German Cities

City	Population	Cases	Mortality	Major Clinic	Notes
Hamburg	1,900,000	633°	?	Pediatric/ Orthopedic	°513 examined at University Clinic at Hamburg
Kiel	2,000,000°	105	20%	Pediatric	°Schleswig-Holstein (City of Kiel 300,000)
Bremen	600,000	50	24%	Pediatric	
Münster	190,000	483	50%	Orthopedic	Prosthetic shop
Dortmund	700,000	160	?	Orthopedic	Prosthetic shop
Volmarstein				Orthopedic	900 bed central rehabilitation center. Prosthetic shop
Cologne	800,000	80	?	Orthopedic	Prosthetic shop
Frankfurt	800,000	22	?	Orthopedic	
Heidelberg	130,000	120		Orthopedic	Prosthetic shop
Munich	1,200,000	140	60%	Pediatric/ Orthopedic	Prosthetic shop
TOTALS	8,320,000	1793	41% (average)	6 Orthopedic 4 Pediatric	

Up to the middle of August 1962 fourteen cases were known in Switzerland. Italy reported cases from Rome, Milan, Palermo and Siracusa.

The situation in West Germany presented an interesting sociological phenomenon. The great majority of these children were born to middle-class families, i.e., businessmen, clerks, professional men (doctors, lawyers, veterinarians, dentists, etc.). Many German physicians stated that the intensely "accelerated tempo" of this group made them "pill-takers."

Itinerary

The German Federal Republic consists of 94,708 square miles. The population is closely estimated to be between 56 and 58 million people.

Ten large cities were visited (see Table 1), including municipal hospitals, state hospitals, University centers and two large rehabilitation centers. The area traveled represented a total population of 8,320,000. Physicians in the institutions visited have seen, examined and are currently caring for 1,793 cases.

During this inspection tour, personal observations and conferences with many physicians

and surgeons indicated that channels of information and exchange of statistics are not as efficient as one would expect, compared to the United States.

The individual States, i.e., Westphalia, Schleswig-Holstein, North Rhine, etc., are much more independent in their operations relative to the federal government than are the States in our country. Public announcements indicated that the federal government at Bonn did not assume any degree of responsibility in aiding the existing problem (volume of cases existing). Contrarily, the responsibility was placed in the hands of the individual States. The Ministry of Health does not seem to fulfill a function for the country as a whole, as does its counterpart in the United States (Department of Health, Education and Welfare).

Incidence

Figures from various large clinics varied to some degree, but it was quite evident that the peak incidence of malformed children was reached in the month of September 1961 in Kiel (47 cases), October 1961 in Hamburg (44 cases), and in the middle of 1961 in Bremen (31 cases).

Despite the fact that individual chiefs of orthopedic and pediatric clinics noticed an increase in malformations as early as the Spring of 1959, the true situation was not generally realized until Professor Hans Wiedemann's report in September 1961.[1]

In 1961 there were three malformed infants per 1,000 births in Hamburg (a City-State). In Schleswig-Holstein there were two to five cases per 1,000 births. In Bremen (a City-State) there were two cases per 1,000 births. This rise in the incidence is dramatically shown by the analysis of 266,599 births from 1949 to 1956, a six-year study obtained from a population of 2,000,000 people:[4]

2500 spinal anomalies (block vertebrae, klippel feil, spina bifida)
2 amelia
7 acheiria
7 hemimelia
5 micromelia
7 peromelia (incomplete phocomelia)
3 phocomelia
29 hypoplasia, or deformity of long bones

In Schleswig-Holstein 30 per cent of mothers who had malformed babies were primiparae.

This report includes nine documented cases of twins, some of whom died. Doctor Taussig reported six dizygotic cases, four of which had identical malformations. The total cases of twinning is not known to date. There undoubtedly are more.

The incidence curve began to fall off in the Spring (April and May) of 1962. The drop from May to June was dramatic. It was expected that no new cases would occur after July 25. However, a few sporadic cases did occur in August 1962.

During the third week in August, the Ministry of Health at Bonn officially reported 5,000 malformed babies had been born since 1959. The mortality rate was 50 per cent, either stillborn or dying during the first few months of postnatal life. These figures indicated that 2,500-2,600 children were living and would need continuing orthopedic and or prosthetic treatment. These figures are probably not final, as there is a discrepancy in reporting. Cases are reported to the Landesarzt (State physician), but this is not mandatory. People in villages may be reluctant to register their children.

In many instances, these malformed babies were accepted as an "Act of God."

Types of Cases

As of August 31 ,1962, statistics were incomplete. Hospital clinics for the most part were unable to produce complete breakdowns and enumerate the number of cases by diagnosis. This will require more time.

One clinic has analyzed its cases quite carefully, and the incidence figures are indicative of the general situation. Of 513 cases, only arms were involved in 50 per cent. Of 117 cases carefully studied and recorded, there were 97 with combinations of upper extremity involvement. These were:

Radial hemimelia, with or without floating thumb	44	(45%)	(Figs. 1 and 1A)
Three-fingered hands	21		
Phocomelia	15	(15.5%)	(Figs. 2 and 2A)
Triphalangeal thumb	14		(Fig. 3)
Hypoplasia of the thenar eminence	9		
Syndactylism	5		



Figure 2A. The *right* phocomelia is classical. The left reveals elements representing the humerus and forearm.



Figure 3. Triphalangeal thumb. (So-called five fingered hand.) The first digit is now functionally a thumb. It rests parallel with the four fingers, has three phalanges and no opposition.

There were 40 lower extremity involvements (in combination) as follows:

Dislocation of the hip	16	(12 bilateral) 40%	(Figs. 4 and 4A)
Paraxial tibial hemimelia	8	(4 bilateral)	(Figs. 5 and 5A)
Proximal femoral focal deficiency	9	(2 bilateral)	(Fig. 4A)
Aplasia of the femur	7	(3 bilateral)	(Figs. 5B and 5C)
Phocomelia	6		
Polydactylism	5		
Absent hallux (great toe)	4		
Amelia	3		

Visceral malformations:

Ear: Microtia	17		(Figs. 9A and 9B)
Anotia	15		(Fig. 8)
Eye: Microphthalmia with or without coloboma	7		(Fig. 9A)
Absence of eyeball	1		
Cardiac anomalies	26		
Multicystic kidneys (death)	?		

The orthopedic hospital at Dortmund reported one case of cyclops. The child died in the early weeks of postnatal life.

No one child has a single deformity. There is multiple limb involvement with varying formulae. The most frequent deficiency in all clinics is bilateral radial hemimelia (absence). This implies a small floating thumb or no thumb. The elbow joint is markedly limited in motion during the first few months of life. However, it gains an acceptable range of motion. This group of children usually does not have other abnormalities. Comparatively speaking, this is a minor handicap, as the limbs are



Figure 4. This upper phocomelia child also has dislocation of her right hip.



Figure 4A. Typical picture of a subluxation of the *right* hip. The *left* femur is short and may represent a proximal femoral focal deficiency. (It could turn out to be a coxa vara with undue shortening.)



Figure 5. Note the large thighs. The lower segments are foreshortened, the feet face forward and are 90° externally rotated. Paraxial hemimelia, tibial.

functional; the children will be able to dress and feed themselves. They comprise approximately 25 per cent of the total.

A more severe degree of deformity is the bilateral *incomplete* phocomelia. In this situation there is attenuation of the humerus with a short forearm. The hand may lack one or more digits. The elbow is limited in flexion (Fig. 5).

The true or *complete* phocomelia is bilateral. This is the classical picture as physicians understand it. The hand arises directly from the shoulder girdle. There may be no humerus, radius or ulna. The hand may lack two, three or four digits. The fingers present have weak extensor power and no significant intrinsics. Many of these children have upper extremity involvement only (Fig. 4).

Quadrimembral phocomelia is the most severe handicap (Fig. 7). In this syndrome the legs are markedly attenuated. There may be a very small vestige of the femur, or no femur. The tibia is absent and the fibula foreshortened. The feet are rotated externally and the plantar surface faces the perineum. These children face a difficult future when function is considered.

These phocomelic infants have a brachycephalic skull, an arcuate concave nose (not the classical saddle nose) and a midline hemangioma extending from across the forehead down the bridge of the nose and across the upper lip (Figs. 1 and 7). The hemangioma disappears in from twelve to twenty-four months. The eyes are widely separated. The phocomelics are *estimated* to be 30 per cent of the total (Fig. 2). It must be remembered that these figures are not accurate and may change.



Figure 5A. Classical picture of paraxial hemimelia, tibial, partial. In this instance there are representations of the tibia: right rectangular, left circular area of ossification.



Figure 5B. Aplasia of femur. The lower extremities are short and widely apart. Upper bilateral amelia. The eye edema is very unusual.



Figure 5C. There are no femora. There are no tibiae. The fibulae rest against the pelvic wall and are unstable. The feet are in varus and supinated.



Figure 6. Bilateral paraxial hemimelia, radial. Clubbed feet. Cleft palate and harelip (rare). Note the left microtia.



Figure 7. Clinically this child is a quadrimembral phocomelia. The lower extremities are incomplete or partial phocomelia. There is a lower leg segment. Note the hemangioma over the nose and upper lip.

Microtia and microphthalmia occur in conjunction with a facial paralysis (Fig. 9C) and paralysis of the extraocular muscles (Figs. 9A and 9C). These children cannot hear well and are unable to move their eyes naturally. Some pediatricians are concerned that these children may be ataxic. Most of the patients in this group do not have significant extremity deformities. A small percentage of these children are thought to be mentally deficient.

The classical clubbed foot accompanies lower extremity abnormalities (Fig. 6).

Visceral abnormalities are common. Cardiac anomalies include auricular defects, pulmonary stenosis, septal defects and dextrocardia. Many of these babies have died. A few are living.

Malrotation of the gut, cystic kidney, esophageal atresia and duodenal atresia are not uncommon. Many babies have had imperforate anus, atresias and hernias corrected. Undescended testicles are a common accompanying anomaly with quadrimembral phocomelia. In some instances the testes cannot be palpated in the canal. Recto-vaginal fistula has been encountered.



Figure 8. Anotia (no ear). The external auditory canal is imperforate, but exists.

Microcephaly and cleft palate and harelip are rare. Of the total cases in this report, only nine cases of cleft palate and harelip have been encountered (Fig. 6). The geneticists believe this to be incidental.

Professor Lenz of Hamburg has attempted to compute the critical time element relative to certain deformities. His critical period from day to day has been plotted from the last day of menstruation.



Figure 9A. Typical microphthalmia, right.

Anotia (complete absence of the ears—Fig. 8): Ten carefully documented cases were studied. Thalidomide when taken on the 35th day produced this anomaly. In no instance was the anomaly reported when the drug was taken before the 35th day, and no cases when the drug was taken after the 35th day. Impression: the 35th day seems to be the critical period for anotia.

Microtia (hypoplastic auricles): the critical period seemed to be longer: the 36th to the 46th day.

Upper amelia: In twelve documented case histories, the critical period seemed to be from the 39th to the 41st days. One case be-



9B. Microtia, right. The external auditory canal is open. The eye d.



Figure 9C. The left eye is fixed. Facial palsy on the left.

gan ingestion on the 44th day, but the date of the last menstrual period was in doubt.

Lower amelia (4 cases): the critical period seemed to be from the 41st to the 44th days.

Upper phocomelia (21 documented cases): The critical period seemed to be from the 38th to the 52nd days. The peak incidence was reported to be between the 43rd and the 50th days. This, however, is not too well defined. There were some discrepancies of dates in some histories.

Professor Lenz offered this opinion: "A pregnant mother can ingest thalidomide at the 55th day of her pregnancy and ingest the drug each day thereafter during her pregnancy, and the child at term will have no skeletal discrepancies." No opinion was offered as to the fate of the viscera under this statement.

As of the middle of August, seven cases were known where a second child has been born normal whose sibling last year was phocomelic (from thalidomide). During this second pregnancy the mother took no drugs.

Treatment

Orthopedic: Information gained from the hospitals and clinics visited indicated that none of the registered children have wanted for care. The pediatric, surgical and orthopedic facilities are well organized and staffed by competent physicians and surgeons. The outpatient clinics are active and well equipped. Many children are on the active rolls of outpatient clinics and are seen at regular specified intervals. A large number of children are in hospitals under active surgical, orthopedic, and physical and/or occupational therapy regimes. The physicians and surgeons in Germany have taken positive and definitive action in analyzing individual problems and have initiated early corrective measures.

Pediatric wards (both medical and surgical) are light, airy and well equipped with adequate nursing personnel. These units are immaculately clean. From personal observation, nurses and attendants shower abundant "tender loving care" during hospital stays.

It is quite obvious that those children under care are receiving excellent treatment with modern methods. In Northern Germany, orthopedic facilities are somewhat lacking, especially in the field of prosthetics. Statements have been made that these patients would be referred to Professor Oskar Hepp at Münster for their prosthetic care. Projecting this possibility and probability, this approach to a single institution will offer great difficulties. The orthopedic and prosthetic services at Münster are well organized but overloaded, and must have help in the patient-load from other organized centers.

The presenting deformity of radial hemimelia (absent radius) is the so-called "clubbed hand" which bends toward the elbow. Orthopedic surgeons have applied corrective plaster-of-paris casts early. After a series of corrective casts, the hands are gradually corrected to an almost anatomical position. When this goal is

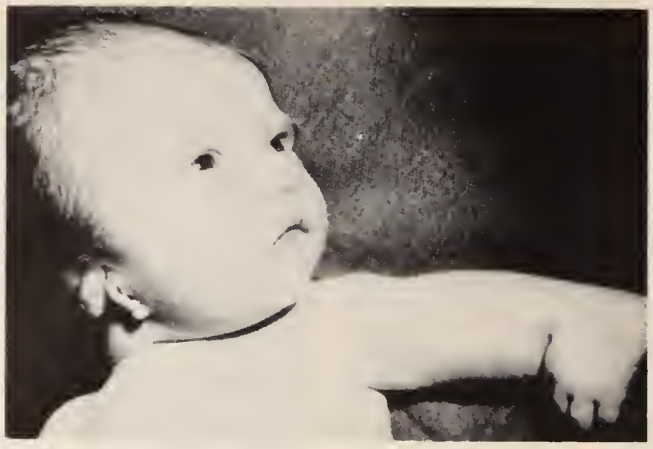


Figure 10A. Newborn with classical paraxial hemimelia, radial. There is no thumb, the elbow is in extension with 20° motion. Later this range of motion increases to approach normal. 25 per cent of the cases are limited to this deformity. Note the microtia.



Figure 10B. The hands of this two-year-old have been corrected by plaster casts. "Freedom" of activity during waking hours, with night splints used during sleeping hours. Note the deficiency in the left upper arm and shoulder musculature.

reached, the children are exercised both passively by the mother (following instruction by physical therapists) and by "play." Night splints are worn to maintain the correction. Characteristically the children with this condition grasp small objects between the fourth and fifth fingers in lieu of absent thumbs (Fig. 10A). Dysplastic hips are placed in corrective abduction hip splints. Dislocated hips are gently reduced and held in plaster-of-paris hip spicas.

Clubbed feet have been corrected very early in life. In the first week or weeks, series of corrective plaster-of-paris casts are applied. When satisfactory positions have been obtained, therapists teach the mothers to obtain active contraction of dorsiflexors and evertors (peroneals) of the feet. In the city of Dortmund a high degree of skill has been obtained in correcting and activating clubbed feet "early." Professor Günter Imhaüser has treated over 450 cases, both new and recurrent types.

Supernumerary digits (extra fingers or toes) have been removed surgically. Syndactylism (webbed fingers) are being exercised. At the ideal time (later in childhood), these webbed fingers will be separated.

The aforementioned types of cases may be said to be strictly orthopedic in nature. They have been handled intelligently, correctly, and at an early date, an axiom for children's work in this specialty.

Prosthetic: It is interesting to note that West Germany is slightly larger than the State of Oregon. There are many amputees from both World Wars, and the art of prosthetics is well developed. There are 600 prosthetic and orthotic (brace) shops, both large and small. In Germany children have been fitted with prostheses for many years. However, it appears not to have been such a universal practice until recent years, when this special field for children was stimulated by Professor Oskar Hepp of Münster.[5, 6]

From a functional standpoint the complete phocomelic upper extremity offers many difficulties. There is little of the extremity afforded for a prosthetic socket and no significant power source is present. Here, techniques in the field of prosthetics are utilized.

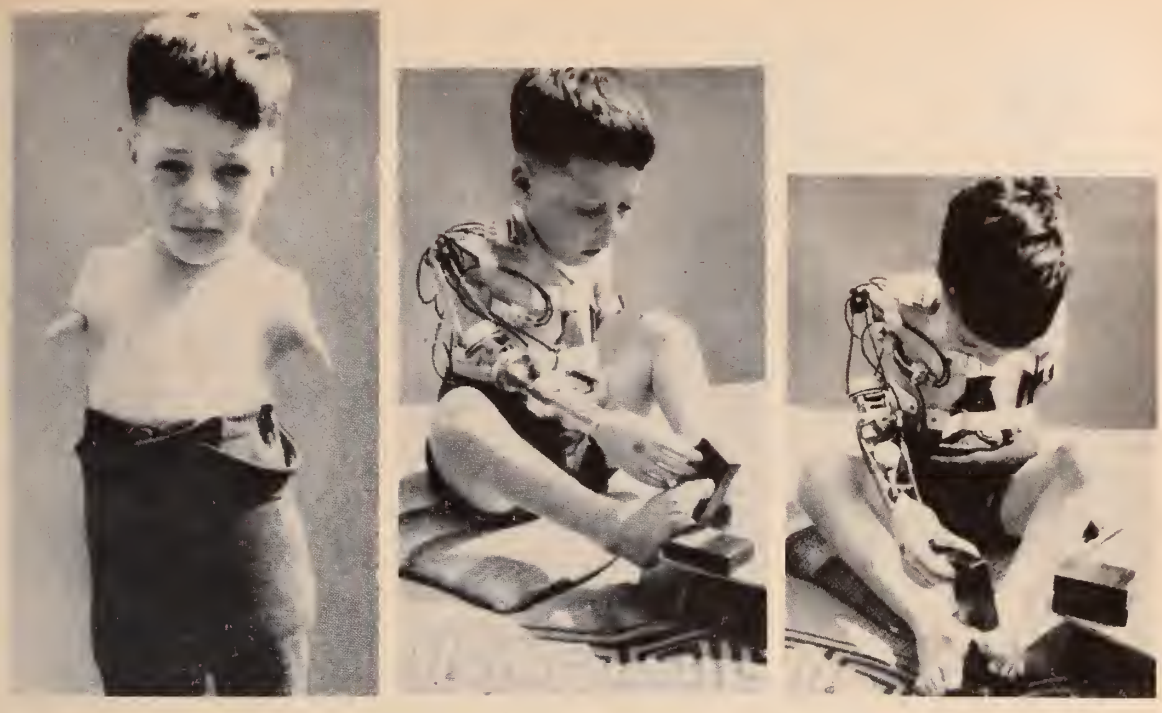


Figure 11. This bilateral upper extremity phocomelic is six years of age. He has been fitted with a prosthesis which is activated by external power. Carbon dioxide gas operates the prosthetic arm and hand. The child learns to control the operation of his device by exerting variable pressures of his phocomelic fingers against the valves. He exerts a minimum of body energy to obtain functional activity (eating).

Plastic shoulder caps are tailored to fit over the child's shoulder with an upper arm (humeral) section. In some clinics, cables utilized to operate the hook and elbow devices will be anchored to belt-bands or to thigh straps encircling the thighs. This technique demands that the child understand the somewhat complicated system of activating the artificial limbs. The control "tricks" cannot be mastered too well by toddlers. This technique is standard in the United States, Canada and England. The system requires an excess of body motion to obtain elbow flexion or extension, and a considerable amount of energy is expended.

The obviously more practical technique in phocomelics is the use of external power. In Heidelberg, capturing external power has been in development for ten years. Professor Kurt Lindeman and Professor Ernst Marquardt have fitted prostheses with external power (Fig. 11) to people during the past ten years. The source of power is carbon dioxide gas under pressure. The gas is in a small tank which is carried in a sling. From this tank are miniature plastic or rubber tubes leading to small pressure-control valves. These valves release gas which operates the elbow in flexion and extension and opens or closes the terminal device. Children as young as eighteen months have been fitted with this technique (fifteen to date). Their initial maneuvers are very crude and clumsy. Under the instruction of well trained occupational therapists, the children soon come to learn what these devices can do for them. The opening or closing of the valves is accomplished by a slight pressure by one or two small phocomelic fingers. The valves rest on the shoulder caps immediately under a window for the fingers. The external power is available for elbow activaiton and the opening and closing maneuver of the hand without excessive body motion, which in the older techniques almost amounted to gyrations of the body trunk.

Phocomelic children with involvement of four extremities offer more difficult problems (Fig. 2). The application of lower extremity artificial limbs articulated to the pelvic wall offers a poor possibility of independent ambulation unless there are good arms to handle crutches (Fig. 12). With the absence of upper limbs the difficulties are compounded. The orthopedic surgeons and prosthetists are work-



Figure 12. This child has relatively normal upper extremities. He has the classical five-fingered hands. Correction of the lower extremity deformities will allow prosthetic fitting. He will utilize crutches much as a paraplegic does and will ambulate in an acceptable manner. The child with deficient upper extremities (see Figure 21 will not be able to accomplish ambulation in the same manner.

ing on this phase, hoping to develop more satisfactory appliances.

Incomplete phocomelics have short arm segments which may be suitable for prosthetic sockets. These children have deficient muscle power (absent deltoid, biceps and triceps musculature). In these situations modified types of standard above-elbow and shoulder disarticulation types of prostheses are utilized. The phocomelic fingers are used to operate the positive-locking elbow units located in the humeral section of the appliance. This technique is well developed at the University of Münster and is standard practice in the United States.

Surgical: Visceral anomalies are corrected when diagnosed. The pediatric services work in close cooperation with surgical departments. General surgeons and pediatrie surgeons have proceeded with skill. In Kiel, Hamburg, Bremen, Heidelberg, Cologne and Münich, infants were seen who had undergone surgery for esophageal atresia, duodenal atresia, imperforate anus and surgery of the bowel. In Münich the pediatric surgeon at the University Kinderklinik had successfully operated fifteen cases of imperforate anus, three esophageal atresia cases, and two cases of duodenal atresia.

Children with microtia have been seen by the otologists, and imperforate external auditory canals have been opened. In some instances x-rays failed to reveal the inner ear structures. What can be done for the children with extraocular muscle paralysis and facial paralysis remains to be seen. The few cases of harelip and cleft palate are being corrected.

As is universally practiced, these children will be followed regularly throughout their growing period in offices, clinics and hospitals. What the status of many of these children will be three or four years from now should be investigated. The magnitude and universal interest in the multiple problems will certainly lead to well documented and complete records.

Parental Social-Emotional Reactions

As one would expect, the birth of a malformed child into a family is received with some emotional shock, mostly on the part of the mother. In upwards to three months, most mothers gradually became resigned to the fact that they had a problem and responded more objectively than emotionally. A few uneducated mothers had the feeling that this catastrophe was a curse from God and that they would have to bear this judgment. Other mothers in this group blamed the doctor for the "pills" and the company that manufactured them. In some instances these reactions made medical management difficult. One surgeon in Cologne stated: "The more religion in the family, the more rational the acceptance of the problem." Suicides were reported.

After medical examinations and counseling by pediatricians, many mothers in Northern Germany were happy that their babies were the result of an extraneous factor (drug) and not hereditary. They were also greatly relieved when reassured that the baby was not mentally deficient.

Very rarely was an infant rejected by the family. Mothers with one or more older children in the family adjusted more rapidly to the new baby than did mothers of a firstborn.

Euthanasia was not mentioned in Germany. One clinician stated that there had been no "talk" of this nature in North Germany.

Abortion is not a topic of general conversation in the medical profession. This operation is illegal in Germany, and the laws are patterned as they are in the United States. A medical Board may authorize the interruption of a pregnancy if the life of the mother is endangered. Two cases of abortion quite late were authorized in North Germany in the in-

terests of the mental health of the mothers. Both feti were normal. The possibility of a deformed baby is a completely new concept and no doubt will be the subject of debate in medical and legal circles. North Germany has a majority of Protestant denomination (Evangelical). One pediatrician discussed changes in the laws governing abortions, feeling the law should be broadened. In Southern Germany Roman Catholicism predominates. Here one investigating doctor stated that because abortion was illegal he did not mention it to families during questioning because this operation is "against the law."

Two organizations of interested parents have been formed. One has a membership of 450 parents as of August 1962. In this group were five sets of twins. A young lawyer is guiding these groups. His second child is phocomelic, and his sister has one phocomelic child. The main objective of this group is the interchange of ideas in various communities. Discussion of mutual problems, stimulation of interest, and funds for the special care of these children when they reach school-age are also objectives. There is some degree of animosity against the Chemie-Grünthal Company. How far legal activities will proceed, only the future will tell.

Generally it appears that the families have adjusted well to the problems. They return to clinics and are grateful for the positive approach being pursued by the medical profession.

It must be repeated again that there are undoubtedly many unreported cases wherein people of certain religious faiths have accepted as an Act of God the deformities or are reluctant because of former social and political practices to present their child to a physician or a clinic knowing he will be registered as a "case". Under these circumstances, it is expected that more cases of two- and three-year-old children may be reported as time goes on. The political implications in Germany indicate that States are maintaining political independence as a result of former experiences under the old strongly centralized federal government.

The Future

German physicians do not expect additional malformed infants resulting from the ingestion of thalidomide. It is possible that in some places there may be uninformed individuals who may accidentally take a tablet from a medicine cabinet unaware of what they take. The German Press has featured many articles in many cities describing this problem and its consequences. There have been few or no photographs, and the level of reporting has been far from the tabloid type of sensationalism.

The medical profession is well aware of its present responsibilities in caring for these children (now toddlers) and have met their problems as one might expect in a modern western European country.

The clinics continue to care for the children in a progressive manner relative to treatment. Corrected extremities are being followed in clinics. Children are being referred to prosthetic centers for fitting and training to a certain degree, and it is expected that this practice will expand.

The State of Hanover has already planned for two treatment and school centers in Hanover and Debstedt. These units will offer thirty beds each for the severely handicapped when the time arrives for schooling. Two more such centers are being planned.

The Village of Volmarstein is south of Dortmund. In this area there is a large Evangelical Rehabilitation Unit under the direction of a well trained and mature orthopedic surgeon. There are 900 beds in this complex. There are 250 hospital beds and modern operating rooms. Courses in iron-working, tool-and-die-making, metallurgy, electric and arc welding, shoemaking, dressmaking, upholstering, bookkeeping, office management, bookbinding and typing, plus electronics (radio and television) are offered. There are 250 young handicapped people at present under training. Seventy handicapped children are obtaining primary and secondary formal schooling.

In Cologne within the orthopedic complex there is a well equipped and well staffed orthopedic school, patterned in the same manner as are our own units. There is a 180 bed convalescent unit for handicapped children, complete with a training program and prosthetic shop.

Münster boasts a well organized orthopedic department and prosthetic training center.

In other cities there are counterparts of these facilities. Such modern facilities in the area of total rehabilitation will play a part in the future

of the severely malformed children (now two and three years of age).

Financial help is available not only through benevolent fundraising, but through state governments. Social insurance, in part compulsory, will aid in relieving the financial load of many parents. Voluntary insurance programs may broaden their disability benefits in order to meet some of the costs of prosthetic appliances. The contribution of the federal government is sadly lacking, and it apparently does not realize the severity of future implications in the care of these children.

With these modern facilities and a basically sound economy, one would expect that these young malformed children will have every chance for habilitation and a productive life in the great majority of cases.

The significance of the orthopedic surgeons' contribution for the future may be appreciated in some degree knowing that they have exercised consultations on high levels as manifested by a meeting in August in Carlsruhe, where a symposium was conducted involving orthopedists, regional medical officers (State), educators and rehabilitationists who discussed the problems of the future of these children. Only time will reveal how efficiently plans for the future will work out.

Discussion

The tragic occurrence in Germany of malformed children whose mothers took thalidomide at a critical stage of early pregnancy has opened up an entirely new field in the area of drug-testing and has challenged the ingenuity of prosthetic research.

It seems that the drug thalidomide (Alpha (N-phtalimido) glutarimide) is a teratogen for humans, the critical period being the first seven weeks of pregnancy. A total of 60 per cent of the mothers in West Germany who took thalidomide during the critical period produced abnormal offspring. It may be that as more precise information is correlated this percentage picture will change.

This drug went through the regular procedures during its testing phase. All drug companies must proceed with caution when preparing a new compound for human consumption. In Britain this compound was put through very thorough tests, as their pharmacologists must do before releasing a new drug.

Pharmacological testing is performed on mice, rats, hamsters, dogs, cats and rabbits. No evidence of teratogenic effects were ever seen. The question arises: "Would this tragedy have been avoided if more testing had been carried out, for example on pregnant animals?" Thalidomide has not been shown to exert a teratogenic effect on the usual test animals. Professor Karl Degenhardt of the University of Human Genetics in Frankfurt has already probed the teratogenic possibilities of thalidomide in mice and hamsters. He has been working on this since January 1962. In hamsters, repeated litters have shown 17.7 per cent malformations, mostly of the skull and vertebral column (normal litters). Hamster mothers on repeated doses of 100 mg. thalidomide per kilo produced litters with 13.4 per cent malformations: less than the control. Hamster mothers on 1000 mg. per kilo produced repeated litters with 28.6 per cent malformations. All of these malformations have been in the skull and vertebral column. The experimental figures of mice parallel the results with hamsters. Pregnant mice on 100 mg. per kilo produced litters with 24 per cent malformations, whereas the control litters were only 18.2 per cent malformed. The differential of 5.8 per cent is not greatly significant.

Thalidomide does *not* affect the limb buds of these species.

Professor Degenhardt has repeated some of Doctor Josef Warkany's work with x-irradiation. Rats x-irradiated before pregnancy produced one upper phocomelic offspring in a litter of four.[10]

Some substances known to be teratogenic in mice are not teratogenic to man. Doctor Warkany has conclusively shown that diet deficient in riboflavin given to rats will produce a great variety of malformations of the mandible and extremities.[9] Many humans ingest salicylates in large quantities without known ill effects on their offspring. Doctor Warkany has shown that when pregnant mice are given six times the normal dose of salicylates they will produce litters exhibiting anencephaly and spinal rachischisis.[9,11]

It is now known that there are six breakdown products from thalidomide and none of these products are teratogenic in rats. It is not known at the present time just how the human body breaks down or metabolizes the compound. It

may be that humans metabolize thalidomide in a different manner than do lower forms (rats or mice).

It is known that Aminopterin (4-amino-pteroglutamic acid) exerts a teratogenic effect in humans when the drug fails to interrupt a pregnancy (abortion).[12,13]

One German geneticist is now interested in the problem of the 40 per cent of the mothers who took thalidomide during the critical period but had normal infants. Is there a genetic factor in these people which is different than in the 60 per cent whose offspring were abnormal? Do they metabolize the drug in a different manner? Two German pediatricians are certain that there may be unknown factors that will account for the apparent immunity of the 40 per cent.

It was reported during this tour that in three different cities seven mothers of thalidomide babies have new normal infants. No drug was taken during the last pregnancy. The complex of anomalies in children of West Germany is not new. All of the malformations have been seen in some combination or singly before and are described in medical literature. The impact has been the sudden volume of epidemic proportion. Intense interest and concern is now obviously present and will stimulate the evolving science of drug-testing to more control and broader fields of investigation.

There is also the problem of managing the surviving severely handicapped children who are healthy from the general physical sense. The deficiencies in the extremities are so pronounced that orthopedic surgeons and prosthetists are unable to harness power from other limbs as done in standard practice. Our present techniques in handling the standard type of amputation with normal proximal joints which have potential power will not work. The answer here is external power. At present the two available sources are gas and electricity (electronics). The use of external power has been investigated and is continuing to be investigated in this country, whereby the bilateral phocomelic or bilateral shoulder disarticulation amputee can be offered functional patterns with suitable prostheses without expanding his own energies, which far outstrip the amount of function obtained. The goal desired is the light touch of a valve or switch at an advantageous point, or the simple contracture of a muscle to set in action the complex motions of elbow flexion and terminal device (hand or hook) operation for purposeful function.

From this experience in Germany, one would expect three major efforts:

1. Broader scope of drug-testing and control.
2. Acceleration in the utilization of external power in prosthetic research.
3. Broadening the scope of genetic research relative to causes of malformations in humans.

REFERENCES

1. Wiedemann, H. R.: Die Medizinische Welt, Sept. 16, 1961.
2. Lenz, Von W. & Knapp, K.: Deutsche Medizinische Wochenschrift, June 15, 1962.
3. Taussig, H. B.: J.A.M.A., June 30, 1962.
4. Degenhardt, K. H.: Personal Communication.
5. Hepp, O.: In Kindesalter Jahrbuch der Fürsorge fur Körpesbehinderte, 1962, pp. 59-80.
6. Hepp, O.: Medizinische Klinik, March 16, 1962.
7. Lindemann, K. & Marquardt, E.: Die Rehabilitation, 1:33, 1962.
8. Lindemann, K. & Marquardt, E.: Jahrbuch der Fürsorge für Korperbehinderis, 1962, pp. 82-90.
9. Warkany, J. & Nelson, R. C.: Arch. Path. 34:375, 1942.
10. Warkany, J. & Schraffenberger, E.: Am. J. Roentgenol. 57:455, 1947.
11. Warkany, J. & Takas, E.: Am. J. Path. 35:315, 1959.
12. Warkany, J.; Beaudry, P. H. & Hornstein, S.: AMA J. Dis. Child. 97:274, 1959.
13. Emerson, D. J.: Am. J. Ob. Gyn. August 1, 1962.



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Science and Serendipity: The Fluoride Saga

Thomas C. McPherson, M.D., and
W. D. Snively, Jr., M.D., *Evansville, Indiana*

After tracing the colorful course of fluoride discovery and its relation to dental caries, the authors conclude that a most important effect of this discovery is the tremendous stimulus it has provided to dental health research.

The fortuitous discovery of new knowledge by virture of serendipity* is a process well recognized and documented. For our purposes here it will suffice to mention a few examples of the contributions to medical science for which we are indebted to this gift.

- The first that comes to mind in our present era of miracles is Fleming's chance observation of the bacterial inhibiting property of a contaminating mold. This later led to the discovery of penicillin by Florey and his associates.
- Sulfanilamide, which was originally synthesized for use in the German dye industry, was found to have antibacterial qualities six years later.
- Near the end of the nineteenth century, Henri Becquerel, a French physicist, found one of his photographic plates spoiled, although it had been carefully protected from light. He remembered having set a piece of uranium ore down on this plate. Futher investigation revealed that this ore, pitchblende, was emitting more radioactivity than could be accounted for by its uranium content. At his request, the Curies took up the problem, and their work led to the discovery of radium, which was announced in 1898.
- Just three years before this, Roentgen had discovered the X-rays through a remarkably similar serendipitous experience.

The value of the contributions of orderly planned research should in no wise be made to appear less estimable than the products of serendipity; rather, it has often been in the course of pursuit of such planned projects that serendipity has been most dramatically manifested. This form of revelation, none the less, continues to be a source of mild amazement to those who expect new knowledge to proceed from carefully planned and highly organized research. This is substantiated by the remark of Louis Pasteur, himself generously endowed with this gift: "In the field of observation, chance favors only the prepared mind."

Fluoride has come to occupy a firm and unimpeachable position in the medical-public health armamentarium, by virtue of its thoroughly documented efficacy as an aid in the prevention of dental caries. The history of fluoride provides another example of medical serendipity, and one that has not received widespread recognition as such. Our story begins with the recognition of "mottled teeth" as a condition peculiar to certain geographic locations.

This entity was first recorded in 1901 by Eager[1] in his report to the Surgeon General on the occurrence of "denti di Chiae" in the inhabitant's of Pozzuoli, a village near Naples. One of

Medical Director, Western Area, Mead Johnson and Company.

Executive Vice President, Mead Johnson and Company, Evansville, Indiana.

*Serendipity, a word coined by Horace Walpole in 1754, is defined by Webster as: "The gift of finding valuable or agreeable things not sought for." Walpole originally used the word in an allusion to "The Three Princes of Serendip," who, in their travels, were always making discoveries which they did not seek.

Eager's remarks is particularly interesting: "Strong, well-formed teeth not particularly prone to decay appear to be the rule among young Italians when they have not been subjected to the influence during infancy of the causes of Chiaie's disease."

Seventeen years later, Black and McKay published their first report of a systematic investigation of this mottling condition in American communities.[2] This was followed by a series of studies in various parts of the country during the next two and one-half decades, ultimately culminating in the incrimination of naturally-occurring excessive fluoride levels in the public water supplies. Many years were expended in exhaustive investigation, and a number of elements were first implicated and then exonerated before fluoride was identified as the offending agent. Numerous analyses of water were performed, but the earlier ones did not include fluoride determinations. Though the frustrations experienced by the army of investigators in the pursuit of this elusive adversary must frequently have sorely tried their spirit, their inspired determination and perseverance led finally to the unravelling of the mystery.

In 1930, Kempf and McKay reported the results of a particularly detailed study of the population of Bauxite, Arkansas.[3] Some of their observations and conclusions are most interesting in the light of our present knowledge. Noting strong evidence of a direct relationship between the use of a particular water supply and the production of the characteristic enamel defect, they made the following statement: "In considering this point it is important to note that the enamel of the temporary teeth is formed almost entirely before birth, and is, therefore, directly dependent upon the prenatal nutrition. These teeth, however, practically never show the defect." This, coupled with the chance observation of mottling in an unerupted, permanent bicuspid, lends strong support to the thesis that fluoride does not accumulate in fetal tissue in proportion to the intake of the mother, i.e., that the placenta, known to contain high concentrations of fluoride itself, limits the passage of fluoride from the maternal to the fetal circulation. It further militates against the argument that fluoride is incorporated into the tooth structure purely by topical adsorption, since dental fluorosis was found in an unexposed tooth. In this connection, we may reflect on another remark from the same report: "It should also be stated that enamel grown elsewhere (in nonendemic districts) and, hence, normal, undergoes no change whatever so far as observation shows, and certainly it never becomes in the slightest degree mottled, upon exposure in an endemic region." It would seem that surface adsorption is incapable of producing mottling in erupted teeth. Bear in mind that these workers were ignorant of the cause of the condition they were observing. None the less, their observations are in perfect accord with those obtained in a more enlightened era.

As a result of the implication of the water supply in Bauxite, the water source was changed and new cases of mottled enamel ceased to appear. This pattern was repeated in several other communities.[4] In Bauxite this has proved to be a mixed blessing, as the children of this community are not presently ingesting water containing sufficient fluoride for control of dental caries.[5,6]

The description of mottled teeth had been thoroughly refined and the geographic distribution of the condition delineated ere the elusive culprit was brought to bay. Finally in 1931, convincing evidence was compiled connecting "high" levels of fluoride in the public water supplies with the occurrence of mottling.[8]

The first clue to the benevolent protective potential of fluoride was presaged in 1925 by McKay's impression of a lower caries rate in children with mottled enamel.[4] The image began to emerge when Bunting et al came forward with corroborating testimony in 1928.[9] The conclusive evidence presented by the carefully planned surveys of Dean and Arnold and their associates, executed individually and in collaboration, brought the picture into sharp focus:[10-14] although high concentrations of fluoride in drinking water cause mottling, one part per million in the drinking water is capable of conferring partial immunity to dental caries! The great mass of data subsequently accumulated has precisely defined the protective effect. The rate of decayed, missing or filled permanent teeth (DMF rate) is reduced by sixty per cent in children who have lived all their lives in a community supplied with water containing the optimum amount of fluoride, and more than five times as many of these children are still in

possession of all of their deciduous cuspids and molars, *caries-free*, at ten years of age.[15]

At the present time, more than thirty-four hundred communities with a combined population of nearly forty million are supplied with water containing fluoride, either naturally occurring or as a result of controlled fluoridation programs.[5,6] Practical considerations make it impossible to supply water with a controlled fluoride content to every person in the United States. In addition, reluctance on the part of the public to accept this measure has blocked its adoption in many communities and will doubtless continue to serve as a limiting factor for years to come. A single daily dose of fluoride as a dietary supplement has been shown to be an effective substitute when fluoridated water supplies are not available.[16]

A more recent, logical development which would appear to have merit is the combining of the regular daily dietary supplement of vitamins with sodium fluoride, offering advantages in terms of convenience, as well as greater assurance of continual administration. The significant benefit of topical application of a concentrated fluoride solution and of fluoride salts incorporated in dentifrices, as well as the additive effect of these two measures, with or without a fluoridated water supply, has been amply demonstrated.[17,18,19,20]

The question of the possibility of mottling of the enamel resulting from the combined use of topical fluoride, a fluoridated dentifrice, and either fluoridated water or a dietary supplement of fluoride has occasionally been raised. However, as we have seen, the enamel of erupted teeth is quite resistant to mottling. Thus, this question can be dispensed with *a priori*. The question of the potential of dietary supplements of fluoride (fluoride solution or tablet with or without vitamins) to produce mottling if given in excessive dosage over a long period of time or if administered to children who are provided with fluoridated water is not so easily dismissed. The information available at this time suggests that fluoride administered as a dietary supplement is about one-half to three-fourths as effective as the regular ingestion of fluoridated water. By this token and probably to this extent, the dietary supplement of fluoride is less likely to produce mottled teeth.

A final remark may be appropriate as to the advisability of administration of fluoride to the expectant mother with the hope that the infant's teeth will receive an augmented supply of fluoride during development in utero, with a consequent increased resistance to caries. It has not been shown, however, that an increased intake of fluoride by the mother results in a comparable increase in the amount of fluoride retained by the fetus. Studies utilizing radioactive fluoride ion have shown only fair placental passage of the ion to the fetus. The fact that tissue fluoride in the placenta is elevated following maternal supplementation may merely indicate its activity in limiting passage to the fetus. Nevertheless, it is well established that the normal fetus contains an appreciable quantity of fluoride, and the presumption that increased fluoride intake by the mother would benefit the developing fetal dentition is a strong one. Controlled studies are in progress now which should clarify this issue in time.

Thus reads the fluoride saga. The evil genius of the polluted waters, through refinement and control, was changed into a pearl of great price. The search led far beyond the goal originally envisioned by the early investigators of the mottled tooth plague, and our debt to serendipity was increased by the addition of yet another potent weapon in the never-ending battle with disease. Perhaps one of the most important effects of the discovery of fluoride has been the tremendous stimulus it has provided to research in the field of dental health.

REFERENCES

1. Eager, J. M.: Denti di Chiaie (Chiaie Teeth), Pub. Health Rep. 16:2576 (Nov. 1) 1901.
2. Black, G. V. (in collaboration with McKay, F. S.): Mottled Teeth — An Endemic Developmental Inperfection of the Teeth, Heretofore Unknown in the Literature of Dentistry, Dental Cosmos 58:129-156 (Feb.) 1916.
3. Kempf, G. A., and McKay, F. S.: Mottled Enamel in a Segregated Population, Pub. Health Rep. 45:2923-2940, 1930.
4. McKay, F. S.: Mottled Enamel a Fundamental Problem in Dentistry, Dental Cosmos 67:847, 1925.
5. Natural Fluoride Content of Communal Water Supplied in the United States, Public Health Service Publication No. 655, 1959.
6. Controlled Fluoridation, Communities Using Fluoridated Water, Dept. Health, Education & Welfare Public Health Service Publication (Dec. 31) 1960.
7. Dean, H. T.: Classification of Mottled Enamel Diagnosis, J. Am. Dent. A. 21:1421-1426, 1934.
8. Churchill, H. V.: Occurrence of Fluorides in Some Waters of the United States, J. Ind. & Eng. Chem. 22:996, 1931.
9. Bunting, R. W., et al: Further Studies of Relation of Bacillus Acidophilus to Dental Caries, Dental Cosmos 70:1002, 1928.
10. Dean, H. T.: Distribution of Mottled Enamel in the United States, J. Am. Dent. A. 20:319, 1933.
11. Dean, H. T.: Endemic Fluorosis and Its Relation to Dental Caries, Pub. Health Rep. 53:1443, 1938.
12. Dean, H. T.; Arnold, F. A., and Elvove, E.: Domestic

Water and Dental Caries: II., Pub. Health Rep. 56:761, 1941.
13. Arnold, F. A., Jr.; Dean, H. T., and Elvove, E.: Domestic Water and Dental Caries. IV. Effect of Increasing the Fluoride Content of a Common Water Supply on the Lactobacillus Acidophilus Counts of the Saliva, Pub. Health Rep. 57:773, 1942.
14. Dean, H. T.; Arnold, F. A., and Elvove, E.: Domestic Water and Dental Caries. V., Pub. Health Rep. 57:1155, 1942.
15. Schlesinger, E. R., and Ast, D. B.: Use of Fluoride Compounds in Prevention of Dental Caries, Advances in Pediatrics 9:191-230, 1957.
16. Arnold, F. A.; McClure, F. J., and White, C. L.: Dent. Progress 1:8-12 (Oct.) 1960.
17. Harris, R.: Observations on the Effect of Topical Sodium Fluoride on Caries Incidence in Children, Australian D. J. 4:257-260 (Aug.) 1959.
18. Gish, C. W.; Muhler, J. C., and Howell, C. L.: A New Approach to the Topical Application of Fluorides in Children With Results at End of Four Years, J. Den. Children 26:300-303 (4th Quarter) 1959.
19. Muhler, J. C.: The Anticariogenic Effectiveness of a Single Application of Stannous Fluoride in Children Residing in an Optimal Communal Fluoride Area. II. Results at the End of 30 Months, J. Am. Dent. A., in press, 1960.
20. Muhler, J. C.: Combined Anticariogenic Effect of a Single Stannous Fluoride Solution and the Unsupervised Use of a Stannous Fluoride-Containing Dentifrice. II. Results at the End of Two Lears, J. Dent. Res., in press, 1960.
21. Feltman, R.: Prenatal and Postnatal Ingestion of Fluorides: A Progress Report, Dental Digest 62:353 (Aug.) 1956.
22. Feltman, R., and Kosel, G.: Prenatal and Postnatal Ingestion of Fluorides — 14 Years of Investigation— Final Report, J. Dent. Med. 16:190-198 (Oct.) 1961.

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The View Box

Leon Love, M.D., *Chicago*

A 44-year-old white male presented with a one week history of pain in the chest, non-productive cough, and fatigue. Physical examination revealed slight dullness to percussion at the left base posteriorly.



Figure 1.



Figure 2.

What is your diagnosis?

1) Thickened pleura
2) Pott's Abscess
3) Hiatus Hernia
4) Atelectasis of the left lower lobe

(continued on page 46)

From the Cook County Hospital

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The View Box

— diagnosis and discussion

(continued from page 44)

Diagnosis is atelectasis of the left lower lobe. Greatest evidence is seen on the PA chest, where a triangular shadow is seen running approximately parallel to the left heart border with a concave outer margin within the confines of the cardiac shadow. This represents the shrunken left lower lobe. The remainder of the visible lung is overexpanded left upper lobe due to compensatory emphysema. When the left lower lobe collapses it becomes a small wedge-shaped density, which is practically not visible on the lateral film. It is noted as an extremely small triangle, which extends just a small distance on the left lateral film just above the posterior aspect of the diaphragm. The oblique fissure has been contracted all the way posteriorly. The left hilus, which is ordinarily located at a higher level than the right hilus, is now seen to be below the level of the right hilus. It descends because of the contracted left lower lobe.

Bronchoscopy revealed an obstructing carcinoma of the left lower lobe bronchus.

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Cutaneous Moniliasis

Topical Treatment with Amphotericin B Lotion

David M. Cohen, M.D.,
M. Murray Nierman, M.D. and
M. Goldin, M.S., *Chicago, Illinois*

Amphotericin B, long-recognized as an effective, systemically-administered agent in the treatment of deep mycoses, is shown in this study to be effective topically as a 3 per cent lotion in the treatment of cutaneous candidal infections.

Introduction

The continuing therapeutic revolution that began with the introduction of the sulfonamides and that was accelerated by the antibiotics bypassed, for the most part, the mycoses. Recent years have, however, seen the appearance of new therapeutic agents with specific antimycotic activity. Two of the most useful of these are amphotericin B[1-4] and nystatin.[5-7] Both of these drugs are derived from streptomycetes and both are active, *in vitro* and *in vivo*, against *Candida albicans*.[8-9]

Since monilial lesions tend to be moist and to occur in intertriginous areas, their successful treatment very frequently requires a non-occlusive, non-caking vehicle such as a lotion that can be applied easily to, and that will be tolerated by, hirsute or intertriginous regions. Nystatin, being unstable in aqueous solution, is not suited for this type of preparation,[10] but an amphotericin B lotion has been successfully prepared.[11]

For topical use in dermatologic conditions, amphotericin B is commercially available as a 3 per cent aqueous solution particularly well-suited to the treatment of lesions in the intertriginous areas that are most susceptible to candidal infection. This medication was used successfully in a series of 53 cases of candidal infection.

From the Department of Dermatology, Chicago Medical School and the Mt. Sinai Hospital, Chicago, Illinois.

**Fungizone® Lotion and experimental tablets of amphotericin B were kindly supplied by John T. Groel, M.D., of the Squibb Institute for Medical Research, New Brunswick, New Jersey.*

Materials and Methods

Patients: Fifty-three adult patients, almost evenly divided between men and women and ranging in age between 16 and 80 years, participated in the investigation reported here. All cases were drawn from the private dermatologic practices of the authors and their associates. The existence of candidal infection was determined by clinical observation and, in most instances, by culture and smears by conventional technics. The principal types and sites of the lesions and the therapeutic results achieved in treating them are shown in Table I.

Medications: The antifungal agent under investigation in the present study was an aqueous lotion containing 3 per cent (30 mg./cc.) amphotericin B (Fungizone® Lotion*). Boric acid compresses were used in 1 case (monilial lesions of the feet). An investigational tablet for oral administration containing 200 mg. amphotericin B,* which is not well absorbed from the gastrointestinal tract,[12-14] was used as ancillary therapy in 6 cases.

Many of these patients had received previous treatment with other medications, including griseofulvin, boric acid, neomycin, various steroid preparations, sulfonamides, iodochlor-

Table 1.
Therapeutic Effectiveness of Amphotericin B Lotion in 53 Cases of Cutaneous Candidiasis

Site or Nature of Lesions	No. of Cases	Therapeutic Response: Excellent	Good	Fair	Poor	Duration of Treatment
Axillary	2	2	—	—	—	3 wks.
Generalized	6	4	1	1	—	3 wks. to 3 mos.
Groin	17	11	2	—	4°	2 days to 3 wks.
Inframammary	2	1	1	—	—	3 wks.
Leg (stasis ulcer)	1	—	—	—	1°°	2 wks.
Nails (onychia)	14	5	3	3°°°	3	2 to 6 wks.
Crosio interdigitale blastomyceticum	6	2	4	—	—	3 wks.
Feet	5	4	1	—	—	3 to 6 wks.
Totals	53	29	12	4	8	

°In 1 of these cases, *Epidermophyton floccosum* was identified as the offending organism.

°°*Torulopsis glabrata* and *Candida parakrusei* were identified in this case.

°°°On culture, 1 of the cases proved to be of bacterial etiology *(Pseudomonas aeruginosa).*

hydroxyquinoline lotion, and X-rays.

Procedures: When a diagnosis of cutaneous candidiasis had been established, the patient was given a supply of the amphotericin B lotion and instructed to apply it liberally, rubbing it in thoroughly to the affected areas, usually 3 times daily. In 9 cases, the medication was to be applied but once daily, and in 9 cases a twice-daily regimen was prescribed. Therapy was continued until either clinical improvement was noted (from 2 weeks to 3 months) or until it became evident that the medication was ineffective or was producing a deleterious effect. No other specific medication was used during this time.

Results

The clinical improvement, or lack of it, shown by the treated patients was graded as follows: *excellent,* complete clearing of lesions and disappearance of subjective symptoms (principally pruritus); *good,* clearing of lesions except for residual redness and disappearance of subjective symptoms; *fair,* partial clearing of lesions and/or persistence of some subjective symptoms; and *poor,* persistence of lesions and/or subjective symptoms.

The results achieved in 53 cases of candidiasis are shown in Table 1. It can be seen that they were favorable in 45 patients: 29 *excellent,* 12 *good,* and 4 *fair.* In but 8 instances were the therapeutic results unsatisfactory (rating of *poor),* and 3 of these patients harbored organisms insensitive to amphotericin B *(Epidermophyton floccosum, Pseudomonas aeruginosa,* and *Torulopsis glabrata).* In a fourth case, the patient appeared to have an idiosyncratic sensitivity to the medication, which had a drying action on his skin. In this case, the medication was withdrawn after 2 days.

Discussion

Nine of the 53 patients in the present series had been treated previously with griseofulvin; in 5 of them the response had been good except for recalcitrant lesions on or about a nail. In 3 of these 5 instances, topical treatment with the amphotericin B lotion successfully cleared these stubborn lesions.

Figure 1 demonstrates the clinical improvement of monilial lesions involving the groin and scrotum of a 31-year-old man. His condition had not yielded to previous treatment with oral griseofulvin and topical iodochlorhydroxyquinoline. Three weeks of topical treatment with amphotericin B lotion 3 times daily cleared the condition entirely.

The oral tablet containing 200 mg. amphotericin B (5 tablets 4 times daily) was used as ancillary therapy in 6 cases. In 1 of these patients, a 49-year-old woman, there was a generalized candidiasis with axillary and inframammary lesions and a particularly severe one in the groin. Complicating the clinical picture was the fact that the patient was diabetic. Topical therapy with several different agents had been fruitless, but after 3 weeks of topical application of the amphotericin B lotion 3 times daily, plus the oral administration of five 200 mg. tablets of the antimycotic 4 times daily, the condition was entirely cleared.

The oral tablets of amphotericin B were given, on the same schedule, to a 48-year-old man with a generalized cutaneous candidiasis, with moniliids. This case had originated as a localized dermatitis induced by a deodorant. Treated with neomycin, it had evolved into a generalized candidiasis that had proved refractory to treatment with steroids, sulfonamides, and iodochlorhydroxyquinoline lotion. After 3 weeks on the amphotericin B lotion, however, the condition was cleared.

Four patients with paronychia as well as



FIGURE 1. Candidal tinea cruris in a 31-year-old man. Left — as seen after ineffective treatment with griseofulvin and with iodochlorhydroxyquinoline ointment. Right — after 2 weeks of topical application (t.i.d.) of amphotericin B lotion.



FIGURE 2. Monilial paronychia in a 42-year-old man. This condition had persisted for 5 years and also involved the feet. X-ray therapy had been ineffective. Left — as first seen. Right — after 2 weeks of topical application (t.i.d.) of amphotericin B lotion. When an exacerbation of the monilial lesions of the feet occurred, oral amphotericin B was also given, with a very good result.



FIGURE 3. Severe moniliasis of the leg of about 3 years' duration in a 73-year-old woman. Left — as seen after ineffective treatment with antifungal agents. Right — after 2 weeks of treatment with amphotericin B lotion (t.i.d.). Condition was cleared at the end of 4 weeks.



FIGURE 4. Monilial lesions of the feet and toenails of about 1 year duration in a 65-year-old woman. Left — as first seen after ineffective treatment with various topical agents. Right — after 2 weeks of topical application (t.i.d.) of amphotericin B lotion. At the end of 6 weeks, the condition was almost entirely clear except for nails.

cutaneous lesions of the hands or feet were given amphotericin B both orally and topically on the schedule described above. In 3 of these cases, the patients had been treated for laboratory-confirmed dermatophytosis with griseofulvin and had responded well except for recalcitrant lesions that were found to harbor *C. albicans*. These lesions did not yield to the amphotericin B lotion alone, but when the oral tablets were given concomitantly, at the dosage mentioned, there was great improvement in 1 case and complete clearing in a second (Fig. 2), but no change in the third case had occurred at this writing.

A striking improvement occurred in a severe candidal infection of the leg that had persisted for 3 years in woman now aged 73 years. An almost complete remission was induced by 4 weeks of treatment with the amphotericin B lotion 3 times daily (Fig. 3).

A 65-year-old woman presented candidal lesions of the feet and nails of about 1 year's standing. Previous treatment with various topical agents had been unavailing. The thrice-daily application of the amphotericin B lotion, however, for 6 weeks, induced very great improvement, notably interdigitally, where the condition had been especially severe. The toenails, however, were still affected at the time this report was written (Fig. 4).

Side Effects

Untoward reactions to amphotericin B were rare. None of the 6 patients receiving the drug orally evidenced any adverse effects, and the lotion modality was unacceptable to only 2 patients, both of whom presented candidal infections of the groin. One of these cases responded well when the lotion was withdrawn and an ointment containing triamcinolone acetonide was substituted.

Summary

A 3 per cent lotion formulation of amphotericin B (Fungizone®) was used in the treatment of 53 patients who presented cutaneous lesions of candidal etiology. The drug was administered orally, concomitantly with the topical treatment, in 6 of these cases. The therapeutic results achieved were rated as *excellent* in 29 cases, *good* in 12 cases, *fair* in 4 cases, and *poor* in 8 cases.

The 8 clinical failures included 2 in which the patients appeared to be unable to tolerate the lotion and 3 in which the offending organisms (*Epidermophyton floccosum, Torulopsis glabrata,* and *Pseudomonas aeruginosa*) were not sensitive to amphotericin B. In our experience, amphotericin B lotion has proved to be highly effective in the topical treatment of a variety of cutaneous conditions caused by *Candida albicans* and to have a very low incidence of untoward side effects.

REFERENCES

1. Gold, W., Stout, H. A.; Pagano, J. F. & Donovick, R.: Amphotericins A and B, antifungal antibiotics produced by a streptomycete. I. *In vitro* studies. *In* Antibiotics Annual 1955-1956, New York, N.Y., Medical Encyclopedia, Inc. 1955, p. 579.
2. Vanderputte, J., Wachtel, J. L. & Stiller, E. T.: Amphotericins A and B, antifungal antibiotics produced by a streptomycete. II. The isolation and properties of the crystalline amphotericins. Antibiotics Annual 1955-1956, New York, N.Y., Medical Encyclopedia, Inc. 1955, p. 578.
3. Sternberg, T. H., et al.: Antifungal effects of nystatin on the fecal flora of animals and man. In Antibiotics Annual 1953-1954. New York, N.Y. Medical Encyclopedia, Inc. 1953, p. 199.
4. Steinberg, B. A.; Jambor, W. P. & Suydam, L. O.: Amphotericins A and B: two new antifungal antibiotics possessing high activity against deep-seated and superficial mycoses. *In* Antibiotics Annual 1955-1956, New York, N.Y. Medical Encyclopedia, Inc. 1955, p. 574.
5. Dutcher, J. D., Boyack, G. & Fox, S.: The preparation and properties of crystalline fungicidin (nystatin), *In* Antibiotics Annual 1953-1954, New York, N.Y. Medical Encyclopedia, Inc. 1953. p. 191.
6. Hazen, C. L. & Brown, H.: Proc. Soc. Exptl. Biol. & Med. 75:93, 1951.
7. Brown, R. & Hazen, E. L.: Nystatin and actidione, two antifungal agents produced by *Streptomyces noursei*. *In* Therapy of Fungal Infections, an International Symposium. Little, Brown, Boston, Mass. 1955, p. 164.
8. Kozinn, P. J., et al.: Treatment of cutaneous candidiasis in infancy and childhood with nystatin and amphotericin B. *In* Antibiotics Annual 1956-1957, Medical Encyclopedia, Inc., New York, N.Y., 1956, p. 128.
9. Orentreich, N. Current Therap. Res. 4:182, 1962.
10. Stough, A. R., Groel, J. T. & Kroeger, W. H.: Antibiotic Med. & Clin. Therapy 6:653, 1959.
11. Bartner, E., et al.: Studies on a new solubilized preparation of amphotericin B. *In* Antibiotics Annual 1957-1958, Medical Encyclopedia, Inc., New York, N.Y., 1958, p. 53.
12. Halde, C., et al.: J. Invest. Dermatol. 28:217, 1957.
13. Louria, D. B. & Feder, N. & Emmons, C. W.: Amphotericin B in experimental histoplasmosis and cryptococcosis. Antibiotics Annual 1956-57, Medical Encyclopedia, Inc., New York, N.Y., 1957, p. 870.
14. Louria, D. B.: Antibiotic Med. & Clin. Therapy 5:295, 1958.



Winter Medicine Briefs



Controlling Influenza

Julius M. Novak, M.D., *Chicago*

Influenza is a disease of epidemic characteristics. When it will occur, how severe it will be, can be predicted with only a partial accuracy. However, influenza has always been characterized as a disease of high morbidity and low mortality. The fact that the morbidity may be so high that even the relatively low mortality may reach grave proportions, should give us considerable concern.

The prophylactic treatment of influenza can be accomplished by vaccination. The vaccine now in use contains an aqueous, polyvalent, "killed" virus preparation that is effective against past flu viruses as well as those currently causing the trouble. Today's vaccine is said to be 70 per cent effective in preventing the disease. It is recommended that people with tuberculosis, emphysema, chronic bronchitis and other chronic respiratory diseases, heart trouble, diabetes and other chronic illnesses be vaccinated against influenza. Pregnant women and old people over 65 years should have a yearly vaccination against influenza.

Active treatment is directed to the avoidance of complications and the reduction of discomfort during the self-limited course of the disease. Bed rest, with plenty of fluids, until the temperature subsides is recommended; also, to remain in bed 24 hours after temperature is normal. Analgesics to alleviate pain are indicated. Antihistamines and nose drops will make the patient more comfortable.

The use of antimicrobials in viral infections of the lung is a point in controversy. Although effective in many bacterial infections they are unfortunately prescribed too frequently for viral involvement. Bacterial complications are not common in influenza but at times, as in the 1957 Asian influenza epidemic, superimposed bacterial infection may be severe and, on occasion, rapidly fatal. Pneumonia, bronchitis, sinusitis, and otitis represent the most common complications. As a general rule, antimicrobials should be withheld unless there is good evidence of complicating bacterial infection. Every effort should be made to isolate the secondary bacterial agent and to determine its susceptibility to antimicrobials.

Medical Director, Tuberculosis Institute of Chicago and Cook County.

Frostbite



Geza de Takats, M.D., F.A.C.S., *Chicago*

Strictly Speaking, Frostbite Occurs When Tissue is Frozen. It is best to classify frostbite into two types; superficial and deep. *Superficial frostbite* involves only the skin which is white and frozen, but soft and resilient below the surface when depressed gently. The skin may blister later, or even dry up and form a gangrenous patch in about two weeks, but the patch will fall off leaving a red, tender skin, sensitive to cold. This area may perspire abnormally for a long time. *Deep frostbite* involves not only the skin and subcutaneous tissue, but extends deep into muscle or even bone. Blisters develop much more slowly. Marked swelling, limitation of motion and blue, violet

Clinical Professor of Surgery, Emeritus, University of Illinois College of Medicine, Consulting Surgeon, Presbyterian-St. Luke's Hospital, Chicago.

or gray discoloration take place. Demarcation of dead tissue is slow, may take weeks or months, and autoamputation of fingers and toes occur. If infection is not prevented, wet gangrene develops with swelling and ascending lymphangitis.

In man, severe vasoconstriction occurs as a local and direct effect of cold on arterioles. Capillary blood then slows down and may come to a complete standstill partly because of lack of propulsive pressure, but also because of red cell agglutination. Reflex, neurogenic vasoconstriction occurs, mediated partly by painful impulses, but also by the chilled blood affecting the heat regulating centers. This triad of vascular response institutes a vicious circle and if not broken, quickly will lead to permanent damage, freezing of tissue with the formation of crystals and rupture of cells on thawing. This may occur as a direct cold injury to cells without any vascular component.

Coincident with capillary stasis, capillary permeability increases, protein rich edema exudes into the tissues and a sterile inflammation is set up. Even if the extremity escapes gangrene, it will show periarterial and perineural fibrosis, fat necrosis and gradual atrophy. The small, non-medullated vasomotor fibers remain more intact than some of the medullated somatic fibers. Numbness, tingling, burning and excessive sweating remain for a long time. It has been known to persist in frostbitten toes for as long as 40 years.

Treatment

There are three phases of cold injury — the acute one requiring immediate treatment; a subacute phase in which necrosis or return to viability is apparent and infection is an important consideration; and the chronic phase in which vessel spasm, arterial damage, nerve damage and tissue atrophy are predominant. It is well to discuss treatment of these three phases separately, since the objectives are different.

Acute phase. As soon as possible, the frostbitten part should be thawed in the largest possible vessel of water, warmed to 100-112° F (42-44° C). Great care has to be taken never to have the water warmer than 112° F (44° C). Immersion should be kept up for about 20 minutes. It is painful and requires salicylates or demerol during the procedure. In patients with general hypothermia and slow respirations, narcotics are best avoided, so as not to depress the respiratory center.

In addition to local warming, general body warming is important. Hot liquids should be administered. Alcohol is not useful, except during the period of rewarming and only if the patient has reached an environment where he will remain constantly warm thereafter.

If liquid rewarming is not feasible, the part can be placed against a warm abdomen, under the armpit or wrapped *loosely* in warm blankets after a sterile gauze dressing is applied.

Rubbing with snow, thawing in cold water, vasodilators, anticoagulants and the Korean "intravenous cocktail" of dextrose, heparin, procaine and alcohol, are not recommended. After rewarming, the part should not be bandaged tightly with elastic bandages, nor exercised. The patient should not be allowed to bear weight on recently rewarmed feet.

Because there is much vasospasm proximally to the frozen part, sympathetic block or sympathectomy may be performed early. Our experience with cervical sympathetic block in a superficial frostbite of the ear has been favorable. In another case, an early right lumbar sympathectomy in a case of symmetrical frostbite of both feet, resulted in early drying up and demarcation of the gangrenous toes of the right foot. Edema and wet gangrene persisted for six weeks on the unoperated side.

If the skin is broken, gentle cleansing with hexachlorophene or a diluted (3%) hexachlorophene-G solution (pHisoHex®) should be done. Blisters need not be punctured. A loose, dry, gauze dressing is applied and as soon as the patient's general condition is satisfactory, whirlpool baths are administered daily with the water at body temperature. A wide spectrum antibiotic, such as tetracycline or demethylchortetracycline (Declomycin®) is administered in 150 mg. doses every six hours for a week.

Second stage. The edematous, stiff digits or areas should be actively moved by the patient, and whirlpool baths are continued. Gangrenous toes or fingers are strictly left alone, allowed to demarcate and mummify. They are left open under a candle without lights, or very loosely covered with dry gauze. No ointment, grease or local antibiotic is adminstered. Often

a black, shriveled finger or toe, seemingly totally gangrenous, will shed a cast with pink, healthy skin under it. Amputation of digits should be done only after total demarcation has taken place and this may take several months.

Third late phase. This phase is characterized by the results of vascular occlusion, vasomotor irritability, hyperhidrosis and partial nerve injury manifested by numbness, tingling and decrease of vibration sense. Dead tissue has all been shed or removed, but the remaining digits are atrophic, moist, sensitive to cold and heat. Tests indicated that adaption to changes in temperature are dampened. Wasting of the intrinsic muscles of the foot is noted and a hollowing of the sole and marked clawing of the toes occurs. Osteoporosis is frequent in spite of weight bearing. Patches of gangrene, when separted from viable tissue, may leave skin defects. Surprisingly enough, they can be covered by three-quarter thickness or full-thickness skin grafts. Such successful grafts have been placed on finger tips and on heels. This would be more doubtful on diabetic or arteriosclerotic individuals who suffered frostbite, but whose terminal circulation is affected by pre-existing vascular diseases.

It is important to differentiate here between the overwhelmingly vasospastic as against the neuropathic sequelae of cold injury. In the former, sympathectomies have given excellent results in my hands; in the latter, one can easily aggravate the burning paresthesia by sympathectomy. A peripheral or paravertebral nerve block with procaine can differentiate the two conditions. In the mixed cases, if there is a good rise in skin temperature after a procaine block sympathectomy is useful, but the burning and tingling may not be affected. In veterans, a certain amount of compensation neurosis may exist. Such persons have evidence of diffuse hyperhidrosis and increased vasomotor reactivity throughout the body and not only in the exposed part. They seem prone to cold injury.



Winter and the Patient with Heart Disease

Oglesby Paul, M.D., *Chicago*

It is Often True that angina pectoris is first experienced when a middle-aged person, usually a male, walks briskly to the train one cool October morning after breakfast, and notes what seems to be an indigestion in his chest. Patients with heart disease as a group learn to distrust cold weather, finding a greater degree of discomfort in living in the winter months than in the spring or fall or in pleasant summer weather. To be sure, for many of us, the frequently harsh raw days of December, January, February, and March present obstacles to our comfort, but to the individual with heart disease, they pose their own especial terrors and difficulties.

There are many aspects of the winter period which give rise to these difficulties. As noted above, cold air in itself associated with exertion is a particular precipitating factor in bringing on angina pectoris. This has been known and well described for many years and is one of the characteristic features of the condition. The combination of cold with wind, whipping across open fields in the country or down the streets in our cities is often enough to make the patient with angina pectoris turn his back and stop, huddle in a door-way, or give up the attempt to walk at all and crawl slowly back to the safety of a centrally heated home or office. It has been shown that with exposure to cold, the blood pressure rises and the output of catechol amines increases.[1]

The physical effort involved in walking on a cold and windy day is further increased by the necessity of adding to one's weight the burden of winter clothing. A hat, scarf, gloves, overcoat, and galoshes weigh a good ten pounds, and the latter two notably effect the ease of motion. The problem may be further com-

Associate attending physician and chief, Cardiac Clinic, Presbyterian-St. Luke's Hospital; member Cardiovascular Committee, Illinois State Medical Society.

pounded by the necessity of walking through snow. The net effect of all these factors is that of increasing the cardiac output to the point of precipitating angina pectoris in the person with considerable coronary atherosclerosis when only a short distance has been traversed, and of bringing on undue shortness of breath in the individual who has considerable myocardial disease of any type.

Shoveling snow is a good example of vigorous effort attempted under these circumstances. Thus, the energy cost of shoveling moderately heavy snow has been calculated to be approximately the same as if the individual were running at a rate of 7.5 miles per hour.[2]

Winter weather has another draw-back for the patient with heart disease. This is the result of the forced physical inactivity imposed on many a patient with heart disease. Not only is this detrimental psychologically, but probably far more important, it removes the stimulus of physical activity which appears to be one of the most useful means of promoting an improved collateral blood supply to an ischemic myocardium — as well as at ischemic legs. It is almost universal that the patient with coronary disease testifies to less angina and better exercise tolerance when regular physical exercise is possible, than when restricted by reason of unfavorable weather to the home.

Additionally, there is the likelihood of acquiring a respiratory infection. Infection itself increases the cardiac output, and if severe and the myocardium is already limited in its reserve, congestive heart failure and death may ensue. Not to be overlooked is the increasing frequency of a true infectious myocarditis which, if superimposed on existing heart disease, may well prove fatal.

What sort of advice can be given to the man or woman with significant heart disease who resides in Illinois and who is confronted with this problem of winter weather?

First, the patient with heart disease should be protected against influenza with influenza vaccine administered early in the fall months and in the case of initial vaccination repeated two months later. Further, at the sign of important respiratory infection, appropriate diagnostic studies should be promptly undertaken (throat and sputum culture, chest x-ray) and antibiotics given in full dosage when indicated by bacteriologic information or when signs of serious infection appear after diagnostic studies have been made but before the results have become known.

Second, as much mobility of such patients as possible is to be encouraged. Such exercise as can be attempted when the weather is not too harsh is desirable. Certain patients can maintain relatively good physical fitness by use of a stationary bicycle or by swimming regularly in an indoor swimming pool. For those who are affluent, a sojourn in a southern climate permitting regular exercise within the limits of tolerance is eminently desirable. The prophylactic use of nitroglycerin before undertaking any such exercise is often most useful.

Finally, vigorous physical effort to which the individual both with and without heart disease is not accustomed is to be discouraged.[3] In particular, shoveling snow and pushing a stalled automobile are not fit activities for the overweight middle aged or elderly business man or office worker; since the housewife often exercises in her housework more than does the husband in his business, she may be relatively better equipped to clean off the driveway than the man of the house, unchivalrous though this may sound. For both, shoveling and strenuous pushing are usually distinctly unusual types of effort for which they are poorly conditioned. Such effort as must be undertaken should be done in stages, with periodic breaks for rest so that prolonged vigorous work is if possible avoided.

REFERENCES

1. Arnett, E. L. and Watts, D. T.: Catecholamine Excretion in Men Exposed to Cold, J. Applied Physiol. 15:499-500, 1960 (June).
2. Ford, A. B. and Hellerstein, H. K.: Energy Cost of the Master Two-Step Test, J.A.M.A. 164:1868-1874, 1957 (Aug. 24).
3. Raab, W.: Metabolic Protection and Reconditioning of the Heart Muscle Through Habitual Physical Exercise, Annals Int. Med. 53:87-105, 1960 (July).

Skiing Accidents and Their Prevention

Julius M. Kowalski, M.D., *Princeton*



A SPECIAL MEDICINE IN THE OUT-OF-DOORS WINTER MEDICINE BRIEF

The Graceful, Effortless Sliding of a skier down a slope awakens an ethereal quality in the reticent spectator. This poetry in motion has stirred multitudes in the last decade to seek a physical dimension of movement which they only dreamed about previously. Each year increasing numbers — the current estimate is 1,000,000 — are experiencing the invigorating pleasures and also the occasional painful consequences of skiing.

On the yearly average, there are 6 injuries per 1,000 skiing days. Four out of 1,000 participants spend a week or less in the hospital. This rate compares favorably with home accidents in 1961 when one person in 46 was disabled for one or more days.

A comprehensive study of 684 injured skiers made during the season 1960-1961 at Mt. Snow, West Dover, Vermont, (one of the largest ski resorts in the nation) reveals that:

1) Sprains were the most numerous injuries (43 per cent) and those involving the ankle and knee constituted 80 per cent of all sprains.

2) Fractures (35 per cent) ranked second in this group of 684 injured persons. Approximately one-half of all fractures involved the malleoli; one third were of the lateral malleolus. Tibial shaft alone, or unilateral tibial and fibular shafts accounted for another 37 per cent. The ankle and long bones of the lower extremitiy were the 85 per cent bulk of all fractures.

3) Lacerations and abrasions accounted for 11 per cent of the mishaps, contusions 5 per cent, dislocations 3 per cent and miscellaneous 3 per cent.

The ages of the injured spanned 6 to 60 and the sexes were about equally represented. Skiing experience was classified as beginners 38 per cent, novices 32 per cent, intermediates 28 per cent and experts 3 per cent.

The beginner female group had the largest number of ankle sprains but with increased experience this injury was more common in males. Sprains of the knee, however, were more common for females in each of the experience groups. Considering all knee sprains, a significant correlation was found in that 25 per cent of all such injuries also had concomitant ankle fracture or sprain and therefore, the authors make a plea for careful examination of both joints when either is injured.

Age-fracture relationship disclosed that tibial shaft fractures occurred more often in younger members. Combined tibial and fibular shaft fractures became more common with advanved years. From age 20 upward, ankle fractures occurred in the approximate ratio of 2:1 to tibial and fibular fractures combined.

Combined tibial and fibular shaft fractures, as well as knee sprains, were more frequent in females. The suggestion is made that this may have resulted from lower female injury thresholds and from the lack of protection by release bindings as used by women. Release bindings in men definitely decrease leg injuries.

Intermediate and expert skiers sustained almost half of the lacerations and contusions and many lacerations were inflicted by sharp ski edges. So, the skier must be constantly aware of his equipment and also the environmental obstacles — trees, rocks, moguls (snow mounds), ruts, icy patches, bare spots and collision with comrades.

To prevent accidents in skiing, it becomes necessary to accept a premise; the Greeks had a word for it — excellence. Only when one desires earnestly enough to say to himself, "This I must do" will he begin to achieve that end. There are no foolproof boots, magical bindings, nor wing-like skis. All equipment is only as good as its owner knows how to use it, understands the ends to which it can be pressed, and most of all, when he knows his own limitations. Boots, release bindings, skis, poles, clothes and goggles are better now than ever, and will continue to improve. But they have little safety value to the uninstructed dim-wit who swishes down a slope for the first time on skis and crashes into a tree at 30 miles per hour.

Competent instruction is paramount. Such teaching can only be given by qualified persons; not well-meaning acquaintances who are oblivious to their own bad habits. One is never too old to learn and the experts would not attain that status if they did not seek out a new technique each time they took to the slopes. But the beginners need vigorous instruction — most continuous instruction — until it hurts, and then some more.

Those who embrace this sport have a Spartan dedication to it. They begin to skip rope and run daily in hot August and continue a gamut of exercises through the skiing season. To them, training is an all-year activity and they stake their pride in that their conditioning never degenerates.

Since injuries to the joints of the lower extremities are most common, it is of prime importance to strengthen these. There are numerous exercises for the ankles and knees and which particular exercise one chooses in the beginning is not as important as realizing that a program of regular activity must be initiated. Variations can then augment the routine and special exercises follow for specific goals. It is advantageous to set aside a definite time and place to perform exercises daily. For many it is convenient before leaving home in the morning or just prior to retiring at night.

The familiar ankle exercises taught in the primary grades are a good starter: shoeless, with feet about one foot apart:

- Raise up on toes. Flat. Rock back on heels. Flat. Repeat 10 times.
- Roll the ankles outward. Roll the ankles inward. Repeat 10 times.
- Position balls of feet on a book or board of 2 inch thickness. Raise up and down 10 times.
- A knee is only as strong as its quadriceps muscle and continual exercise of this important structure cannot be overemphasized. A host of knee complaints from persons in sedentary occupations are directly related to weakened quadriceps. In the rocking chair days of yore, the old folks kept their knees and legs in better condition than the elders of today by simply rocking to and fro hundreds of times daily.
- To exercise the quadriceps, it is desirable to sit upon a table, bench or high stool so the knee can be bent to at least 90 degrees and then completely straightened in a swinging motion. A rolled up bath towel at the edge of the table underneath the lower portion of the thigh helps. Begin with 25 full swings, each leg.
- These are only introductory exercises and each should be increased to several hundred daily. Weights or heavy boots are added as the quadriceps strengthen. As the conditioning program develops, other exercises for the legs, trunk and arms are added.
- Further, several times daily the muscles of the legs and abdomen should be tensed to the fullest for at least 10 seconds while in either a sitting or standing position. A muscle not in use deteriorates; an exercise must be repeated until it hurts.
- All muscles are tight in cold weather, regardless of previous conditioning and warm-ups — exercises — are essential immediately before a run down a slope. Continue to swing the legs while going up in a chair lift to keep the muscle supple.

Heed the command of the football coach to his player writhing with pain in the mud from a vicious block across the knees — "Your arms aren't hurt. Do push-ups until the ambulance arrives."

REFERENCE

A CLINICAL STUDY OF SKIING INJURIES, Arthur E. Ellison, M.D., Robert E. Carroll, M.D., William Haddon, Jr., M.D., M.P.H. and Milton Wolf, M.D., Public Health Service Reports of the U.S. Dept. of Health, Education, and Welfare, November 1962.



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Reference Page Number 37

Poisons and Antidotes

Part 1—Poisoning by Common Chemicals

Each of the following monographs offers suggestions for the emergency management of poisoning by common chemicals. The physician will, of course, determine the details of supportive treatment in each individual case.

SAVE THIS REFERENCE PAGE—Next month "Part 2" will list the trade names of household products which are common intoxicants. These products will be keyed by number to the chemical agents listed on this Page. By using Part 2 with Part 1, it will be possible to quickly identify poisonous substances in a common household product and institute appropriate therapy.

1. ACETONE

(1) Wash off skin with water. Remove patient to fresh air if high concentration has been inhaled. Empty stomach by emetics if acetone-containing product has been swallowed. (2) Support respiration and circulation by routine measures to prevent collapse if this seems imminent. (Rest in a quiet place, oxygen inhalation, and mild stimulants may be required).

2. ACIDS (CORROSIVE)

For external burns: (1) Flood with large amounts of water. (2) Cover skin with moistened sodium bicarbonate, or (3) Put demulcent drops (ex. Castor Oil) in eye. *If swallowed:* (1) Do *not* lavage or give emetics. (2) Give milk of magnesia, lime water, soap solution, or aluminum hydroxide gel to neutralize. (3) Give milk, egg whites, butter, olive oil or mineral oil as protective. (4) Treat for pain, shock, and infection, if necessary. (5) Give nothing else by mouth; feed parenterally for at least one week. (6) Consider surgery to maintain open airway and for repair of strictures and perforations.

3. ALCOHOL (ETHYL)

(1) Empty stomach with emetics or by washing with warm water or sodium bicarbonate solution 5 per cent. (2) Give black coffee by mouth or rectum, or caffeine sodium benzoate parenterally, and oxygen inhalation, if needed. (3) Treat for shock, fluid-electrolyte imbalance, cerebral edema, and respiratory failure or infection, if necessary. (4) Avoid depressant drugs (ex. apomorphine, barbiturates, and narcotics), except possibly for sedation in delirium tremens. (5) Possibly, give nutritional support with B complex vitamins, and glucose. Some claim addition of insulin (10-20 units) hastens recovery from coma.

4. ALCOHOL (ISOPROPYL)

(1) Empty stomach with emetics or by lavage with warm water. (2) Give caffeine sodium benzoate or amphetamine against central depression. (3) Apply artificial respiration and administer oxygen, if needed. (4) Correct dehydration and take measures against possible kidney and liver damage.

5. ALCOHOL (METHYL)

(1) Wash out stomach with sodium bicarbonate solution 3 to 5 per cent. (2) Correct acidosis by repeated treatment with alkali. Give one teaspoonful of sodium bicarbonate by mouth several times an hour, until the urine becomes alkaline. Repeat for several days, if laboratory blood reports indicate need. (3) Protect the eyes from light by keeping patient in bed in a darkened room. (4) Keep airway clear. Support respiration with oxygen inhalations, artificial respiration, or analeptics like nikethamide (Coramine) and caffeine.

6. ALKALI (CAUSTIC)

(1) Do *not* do gastric lavage or give emetics. (2) Give large amounts of water or of dilute vinegar or citrus juices to neutralize. Give milk, egg white, or olive oil as demulcents. (3) Treat for pain, shock, and possible infection. (4) Perform surgery promptly if needed for respiratory tract obstruction or gastrointestinal tract perforation. (5) Possibly give corticosteroids to reduce inflammatory reactions and fibrotic stricture formation. Possibly dilate esophagus daily for same reason, and feed food and fluids by vein mainly. (6) For external burns:—flood with copious quantities of cold running water. Apply boric acid solution or an ophthalmic corticosteroid preparation.

7. ALUMINUM SALTS

(1) Give egg white suspension in water, or "universal antidote". Follow with an emetic if vomiting doesn't occur spontaneously. (2) Keep patient in bed under observation. If he becomes depressed, mild analeptics like caffeine may be a desirable stimulant. (3) Force fluids by mouth or give by intravenous drip to overcome dehydration and protect kidneys from late damage. Dietary measures against possible late liver damage may also be considered.

8. AMMONIA

(1) If fumes are inhaled, get patient into fresh air and administer oxygen. If eyes are affected, wash with water in large amounts of very dilute acid. If swallowed, have patient drink dilute acid solutions such as vinegar, and citrus fruit juices. Do *not* try to cause vomiting. Lavage may be dangerous, but if damage does not seem too severe, the doctor may carefully pass a well-lubricated lavage tube. (2) Relieve pain to prevent shock with demulcent drinks like egg white suspended in milk, or olive oil, or by giving opiate analgesics. (3) Watch for signs of respiratory tract impairment or gastrointestinal tract perforation, both of which may require surgery.

9. ANILINE DERIVATIVES

(1) Remove from stomach with emetics or by lavage with potassium permanganate solution, 1:5000. (2) For cyanosis from methemoglobinemia, inject about 10cc of methylene blue solution, one per cent, by vein slowly, or sodium ascorbate solution, 5 to 10 per cent, in amounts equal to about one half gram. Whole blood may be transfused, and oxygen inhaled, if indicated. (3) Treat headache pain, shock, convulsions, and kidney damage, if necessary.

10. ARSENIC COMPOUNDS

(1) Wash out stomach with water or sodium bicarbonate solution one per cent in large amounts. Follow with milk, freshly prepared ferric hydroxide, or a saline cathartic such as sodium sulfate, one half to one ounce in water. (2) Inject BAL (dimercaprol) intramuscularly, 2.5-3.0 mg./Kg, in accordance with schedule suggested in package insert. (3) Treat pain, shock, convulsions, dehydration, kidney damage, and other possible complications, as they develop.

11. BENZENE (and related aromatic hydrocarbons)

(1) If inhaled, get patient to fresh air. If spilled on the skin, remove by washing. If swallowed, wash out stomach with water or with sodium bicarbonate solution, one per cent, until odor disappears. Leave liquid petrolatum or a saline cathartic in the stomach. Do *not* give alcohol or digestible fats. (2) Support respiration with oxygen inhalation and artificial respiration, if needed. Give fluids for dehydration and high calorie diet, liver extract, and folic acid to protect against liver and bone marrow damage. (3) Control convulsive tremors and hyperreflexia with cautious administration of short acting barbiturates, if respiration is not too deeply

depressed. (4) Do *not* give epinephrine because of the danger of cardiac arrhythmias, including ventricular fibrillation. Do not give analeptics, except possibly, caffeine or amphetamine for respiratory failure.

12. BENZENE HEXACHLORIDE (Lindane, BHC)

(1) Wash out stomach with water. Leave saline, but *not* oily, cathartic in stomach. (2) Control convulsions with barbiturates alone, or combined with calcium gluconate solution, injected intravenously. Keep patient quiet. (3) Do not give epinephrine because of danger of precipitating ventricular fibrillation of the sensitized myocardium.

13. BORATES

(1) Wash out stomach with warm water, or dilute sodium bicarbonate solution. Leave a saline cathartic in the stomach. (2) Give short acting barbiturates to control convulsions. Use caffeine, amphetamine and other stimulants only when respiration is deeply depressed. (3) Inject fluids and electrolytes intravenously to overcome dehydration, increase renal excretion, and combat shock. (4) Use oxygen, plasma, and antibiotics when necessary to prevent respiratory and circulatory collapse, and infection.

14. BROMATES

(1) Wash out stomach with water or one per cent sodium thiosulfate solution. (2) Infuse glucose solutions intravenously to correct dehydration and induce diuresis to protect kidneys. Other measures against acute kidney failure may also be needed. (3) If methemoglobinemia develops, whole blood and oxygen should be used to combat cyanosis. Do not give methylene blue here, but intravenous sodium thiosulfate solution, one per cent may be injected.

15. CARBON DISULFIDE

(1) Wash off skin promptly with soap and water, if spilled on the skin. Wash out of the stomach, if the chemical has been swallowed. If the vapors have been inhaled, get the patient into fresh air, give oxygen by inhalation, if available, and artificial respiration, if necessary (2) Inject barbiturates only very cautiously, if usually transient excitement stage seems prolonged and unusually severe. (3) Against the depression that tends to predominate, give strong caffeine — containing beverages by mouth, or caffeine sodium benzoate, nikethamide (Coramine) or other analeptics by injection.

16. CARBON TETRACHLORIDE (and related halogenated hydrocarbons)

(1) If inhaled, get patient to fresh air, give oxygen and artificial respiration if necessary, and keep under observation. If swallowed, wash out stomach with water or dilute salt solution and leave a saline cathartic in the stomach. Do *not* give oils, fats or alcohol. (2) Prepare to prevent and treat liver or kidney damage with dietary measures (high carbohydrate-protein regimen, choline, methionine), fluid restriction, et al (3) Treat threatened respiratory and circulatory failure with oxygen and mild stimulants like amphetamine and caffeine. But do not give epinephrine, because of possible danger of precipitating fatal ventricular fibrillation.

17. CHLORATES

(1) Remove from gastrointestinal tract by warm water lavage, emetics and saline cathartics. (2) Inject intravenous fluids to increase renal excretion and protect kidneys. (3) Treat cyanosis and dyspnea with oxygen inhalation, whole blood transfusions and artificial respiration, if needed.

18. CHLORDANE

(1) Wash off skin with soap and plenty of water. Wash out of eyes with large amounts of water. Lavage stomach with warm water and leave a saline, not an oily, cathartic in the stomach. (2) Control convulsions with quick acting intravenous barbiturates or inhalation anesthetics. (3) Support respiration (oxygen and artificial respiration) and circulation. But don't give epinephrine due to danger of precipitating cardiac arrhythmias.

19. COPPER SALTS

(1) Give chemical antidotes including potassium ferrocyanide solution, one per cent to precipitate copper. Egg white, weak washing soda solution, and soap suds have also been suggested. Then empty the stomach with emetics or by lavage, followed by saline cathartics. (2) Maintain respiration and circulation with oxygen, artificial respiration and central stimulants such as caffeine. (3) Treat pain with morphine or meperidine (Demerol) and maintain fluid and electrolyte balance by intravenous infusions, if gastroenteritis has caused severe vomiting and diarrhea. (4) BAL may possibly be effective in severe systemic poisoning.

20. CYANIDES

(1) If time permits, wash out the stomach with solutions of sodium thiosulfate, three per cent, potassium permanganate, 1:5000, or hydrogen peroxide. (2) Have patient inhale amyl nitrite from perles. Follow immediately with intravenous injection of sodium nitrite, three per cent, at a rate of 2 to 5 milliliters per minute. For next 10 to 15 minutes, infuse 50 ml. of a 25 per cent sodium thiosulfate solution. (3) Keep air passage clear for oxygen inhalation, which may become necessary, if treatment converts too much hemoglobin to methemoglobin, reducing oxygen carrying capacity. This may also require transfusion of whole blood. (4) Repeat nitrite-thiosulfate treatment, if symptoms recur. Apply artificial respiration if apnea occurs.

21. DDT

(1) If patient is not hyperreflexic, induce vomiting or wash out stomach with water. Leave an ounce of sodium sulfate or some other saline cathartic in the stomach. Do *not* give fats or oils of any kind. (2) If convulsions occur or seem about to, give quick acting barbiturates by injection. A long acting barbiturate like phenobarbital is best for prophylaxis. Calcium gluconate 10% solution has helped experimentally, when injected slowly with a sedative. (3) Give fluids and electrolytes, if needed but avoid epinephrine and similar sympathomimetic substances. Keep the patient quiet and protected from sudden stimuli such as noise.

22. 2,4-DICHLOROPHENOXYACETIC ACID (2,4-D)

(1) Induce vomiting or wash out of the stomach with warm water. (2) Watch for development of muscle spasms and cardiac arrhythmias, which are said to respond to quinidine or to quinine salts. (3) Prepare to support the cardiovascular system, which

seems sensitive to large doses of this substance according to animal experiments.

23. DIELDRIN

(1) Wash out stomach with warm water, unless it seems that the procedure might precipitate convulsions. Put a saline cathartic solution into the stomach through the lavage tube, but never an oily laxative or other fatty substances. (2) Inject quick, short-acting barbiturates to control convulsions. Phenobarbital is best for long sustained sedation, which may be needed for several days. (3) Keep patient quiet and away from physical stimulation that might set off seizures. (4) Administer oxygen inhalation and artificial respiration, if patient becomes depressed or comatose. Avoid epinephrine compounds because of danger of heart rhythm difficulties.

24. DINITROPHENOL

(1) Wash stomach with potassium permanganate solution 1:1000 or 5% sodium bicarbonate. Leave some bicarbonate solution or a saline cathartic in the stomach. (2) Give fluids and electrolytes by mouth or vein to replace water and salt losses and maintain normal plasma pH. (3) Protect kidneys and liver against possible damage. Maintain respiration artificially, if necessary, and with oxygen inhalation, and mild analeptics like caffeine sodium benzoate.

25. ETHYLENE GLYCOL

(1) Wash out stomach with water or potassium permanganate solution, 1:5000. (2) Protect against respiratory center depression by subcutaneous caffeine injection and oxygen inhalation. But keep short acting barbiturates handy for cautious administration, if convulsions develop. Calcium gluconate solution (10%) has also been suggested. (3) Protect kidneys against possible kidney damage and prepare for management of acute kidney failure. Do *not* give fluids and electrolytes except for shock or acidosis, once evidence of kidney failure appears.

26. FLUORIDES

(1) Neutralize by having patient drink milk, or preferably, soluble calcium salts such as lime water, calcium chloride, 1% solution, calcium lactate, 5 to 10% solution. Aluminum suspensions, such as aluminum hydroxide gel may also be useful for this purpose. Later, give demulcent oils. (2) Give calcium gluconate solution, 10%, by injection periodically (about 10 milliliters every four hours or as needed to control muscle spasms). (3) Give fluids as needed to overcome dehydration and shock but stop if signs of kidney failure appear. (4) Keep patient quiet and warm. Treat for respiratory and circulatory failure, if necessary, with oxygen inhalation, whole blood or plasma transfusions, and pressor amines.

27. HYPOCHLORITES

(1) Have patient drink milk immediately or a starch suspension. Egg white, milk of magnesia, or antacid products containing magnesium trisilicate or aluminum hydroxide gel may also be suggested. Later, if burns do not seem too severe, the stomach may be washed with water or sodium thiosulfate solution, 2% (*not* sodium bicarbonate which may sometimes give off carbon dioxide). (2) Control pain with opiates and treat for shock by injecting hypotonic electrolyte — glucose solutions intravenously (in children). (3) Prepare for prompt surgery, if necessary, to overcome respiratory tract obstruction or repair gastrointestinal damage.

28. IODINE

(1) Have patient swallow a starch suspension or paste. Later, lavage with sodium thiosulfate solution 5% or with a starch solution. Follow with demulcent drinks or egg white suspension or oils. (2) Control pain with opiates and treat for shock with intravenous infusions of fluids, plasma, or whole blood. (3) Give antibiotics to prevent infection and prepare for surgery if needed to overcome respiratory tract obstruction.

29. LEAD AND ITS SALTS

(1) If soluble lead salts have been swallowed, give soluble sulfates as precipitants (ex. Epsom salt or sodium sulfate). Leave some of these solutions in the stomach as a saline cathartic. (2) To remove absorbed lead from tissues give edathamil calcium disodium by slow intravenous infusion in accordance with package circular instructions. (3) Give milk, or give calcium salts by mouth or by vein, if necessary to control muscle spasm. Barbiturate sedation may also be desirable, or antispasmodics and opiates for pain.

30. MERCURY SALTS

(1) Give protein type precipitants such as egg white, or milk, or the "universal antidote". Then induce vomiting. Follow with wash of stomach with sodium bicarbonate solution (heaping teaspoon in a glass of water) or if available sodium formaldehyde sulfoxolate solution, 5%. (2) Inject BAL intramuscularly in accordance with package circular suggestions for dosage and intervals. (3) Treat for pain, shock, dehydration, and possible kidney damage with fluid infusions and other means of medical management, including analgesics, and demulcents.

31. NAPHTHALENE

(1) Wash out stomach with warm water or with an egg white suspension in water or milk. Do *not* give oily laxatives or fats, but leave a saline cathartic in the stomach. (2) Keep patient in bed and under observation for possible development of hemolytic anemia. If signs appear, alkalinizing the urine with sodium bicarbonate by mouth may help prevent kidney complications. Transfuse whole blood if needed. (3) Support respiration with mild analeptics like caffeine and prepare to manage liver and kidney damage complications.

32. NICOTINE

(1) Give "universal antidote" suspension as a precipitant, if the alkaloid has been swallowed. Follow with an oxidant lavage fluid like potassium permanganate 1:5000 or dilute iodine solution. (2) Control convulsive spasms with cautiously injected short acting barbiturates by vein. (3) Maintain respiration artificially and keep airways free of secretions. Administer oxygen. Support circulation to prevent possible collapse. Ephedrine may be useful here, but most other analeptics should be avoided.

33. OXALIC ACID

(1) Have patient swallow a calcium salt solution immediately to precipate insoluble calcium oxalate. Lime water, milk or milk of magnesia may also be used. If damage does

not appear too severe, empty the stomach by gentle lavage with dilute calcium hydroxide solution. (2) Inject calcium gluconate solution, 10% repeatedly to control possible muscle spasms. Use intravenous or intramuscular routes. (3) Treat pain with demulcents and analgesics and prevent circulatory collapse by keeping patient warm and infusing fluids or plasma.

34. PARADICHLOROBENZENE

(1) Give an emetic to empty stomach and a saline cathartic to hasten intestinal evacuation, but avoid oily laxatives and other fats. (2) Protect liver with high protein, carbohydrate diet and vitamins. Give respiratory stimulants and fluids for dehydration, if patient's condition indicates need for such measures. (This is a relatively safe moth crystal in most circumstances.)

35. PETROLEUM DISTILLATES

(1) Do *not* give emetics. Careful lavage may be indicated, if all precautions are taken to avoid inhalation of petroleum distillate droplets. Liquid petrolatum in large amount (two to four ounces) has been suggested to delay absorption and saline cathartics to move the material through the intestine rapidly. Do *not* give other fats or oils. (2) Treat depressed respiration and stupor with central stimulants like caffeine or nikethamide (Coramine). (3) For pulmonary complications antibiotics and oxygen under pressure may be employed. But do not give epinephrine because of possible adverse effects on cardiac function.

36. PHENOLS

(1) Wash stomach promptly with warm salty water until all odor of phenol is gone from the washings. Alcoholic and oily solutions (ex. olive oil) has been suggested as phenol solvents, but if such solutions are employed they should be promptly removed to avoid systemic absorption. (2) Similarly for external burns, washing with large quantities of water is probably better than seeking specific solvents like alcohol and oils, which may only spread the phenols to adjacent areas. (3) Relieve pain with opiate analgesics and local demulcents like milk, gruel, and egg white. (4) Support respiration and circulation with central stimulants and oxygen, but fluids cautiously if kidney damage appears likely to occur.

37. PHOSPHATES (ORGANIC)

(1) Give atropine promptly in large doses (2 to 4 mg.) and repeat frequently by vein or intramuscularly until toxic muscarinic signs disappear. (2) Keep air passages free of fluid secretions and give oxygen and artificial respiration as needed. (Surgery for respiratory tract obstructions, an endotracheal tube, and putting oxygen under pressure may all be required.) (3) Wash out stomach with water or sodium bicarbonate solution, 5%. Wash skin with water and soap. Take care to avoid contaminating self when removing patient's clothing. (4) Do *not* give depressant drugs like barbiturates and opiates for convulsions. (5) Keep patient under observation and continue full atropinization for one or two days.

38. PHOSPHORUS

(1) Give copper sulfate solution as a precipitant and to induce vomiting. Potassium permanganate 1:5000 or other oxidants may also be employed for lavage. Mineral oil may be left in the stomach (two to four ounces), but other oils and fats should not be given. (2) Wash skin with dilute copper sulfate solution and cover with a soothing ointment. But do not leave any unoxidized particles in the skin. (3) Treat for shock, dehydration, and electrolyte imbalances with parenteral fluids, pressor amines, analgesics, and corticosteroids. (4) Watch for signs of liver or kidney damage and prepare to manage insufficiencies. Liver damage may lead to hypoprothrombinemia, which requires fresh whole blood transfusion and vitamin K infusions by vein.

39. PYRETHRUM

(1) Give "universal antidote", then remove stomach contents by washing with water. Wash from skin with soap and large amounts of water. (2) Maintain respiration with oxygen. Do *not* give analeptics, which may set off convulsions. Careful administration of short acting barbiturates may be needed to control clonic convulsions. (3) Keep in mind possibility of poisoning by petroleum distillate vehicles for pyrethrum — containing insecticides.

40. QUATERNARY AMMONIUM COMPOUNDS

(1) Have patient swallow milk, egg white suspension, or weak soap solution. Then make him vomit, or continue to wash with soap solution. (2) Support respiration artificially, if necessary, and administer oxygen. Keep air passages clear and perform tracheotomy if burns from concentrated solution tend to close off airway. (3) Convulsions may call for injection of quick acting barbiturates. But possibility of muscular paralysis must be considered, too, with these agents.

41. ROTENONE

(1) Give "universal antidote", then make the patient vomit or wash out his stomach with water. Leave a saline cathartic in the stomach but do not give oily laxatives or other fats. (2) Support respiration with oxygen if depression predominates. Give quick acting barbiturates cautiously if signs of stimulation appear. (3) Inject intravenous fluids including glucose solutions as needed to counteract any imbalances that appear.

42. SOLVENTS (ORGANIC)

(1) If inhaled, remove patient to fresh air and administer oxygen. If swallowed, empty stomach with emetics or lavage. (2) Watch for signs of central nervous system depression and treat cautiously with central stimulants. Oxygen inhalation and artificial respiration may be beneficial or lifesaving. (3) Watch for signs of late liver, kidney, or bone marrow damage and prepare to manage such situations, if they develop.

43. STRYCHNINE

(1) If convulsions are occurring or appear about to develop, give a quick acting barbiturate by vein in doses that produce deep sedation. (If patient shows no signs of hyperreflexia, give "universal antidote" first.) (2) Then do a lavage of the stomach with potassium permanganate solution, 1:1000 to 1:5000 or with some other oxidant or precipitant substance. (3) Keep airway clear for oxygen administration during periods of depression. (2) Keep patient quiet and comfortable in a warm dark room to avoid stimuli that set off convulsive seizures.

44. SULFIDES

(1) Wash from stomach with water or dilute acid solutions such as vinegar or citrus fruit juices. Follow with demulcent drinks such as egg white suspended in milk, or olive oil. (2) Keep patient warm and quiet. Watch for signs of shock and treat accordingly, if necessary. (3) Administer sedatives if signs of excitement and central stimulation appear. (3) Use oxygen inhalation if needed to support respiration.

45. THALLIUM

(1) Wash out stomach with a solution of sodium or potassium iodide, 1 per cent. Leave a saline cathartic or castor oil in the stomach to evacuate the intestine. Give protective pastes of starch or demulcent gels like aluminum hydroxide. (2) Treat possible circulatory collapse with fluids and plasma parenterally. Treat other symptoms, including nervous system stimulation as signs appear. (3) Injecting sodium iodide or sodium thiosulfate daily to speed excretion of thallium has been suggested. See original papers to see if these and similar ideas for eliminating thallium from the tissues or neutralizing it seem reasonable to you and worth trying in your case.

46. THIOGLYCOLLATES

(1) Wash out stomach with water or weak acid solutions such as vinegar or citrus juices. (2) Watch for signs of esophageal strictures and treat accordingly. Give symptomatic and supportive treatment as seems required.

47. TOXAPHENE

(1) Wash out stomach with water or give an emetic, if no signs of hyperreflexia have appeared. Leave a saline cathartic in the stomach but do not give an oily laxative or other fats. Wash skin with large amounts of soapy water. (2) Inject long acting barbiturates such as phenobarbital for prophylaxis against reflex hyperexcitability. Inject quick, short-acting barbiturates (ex. thiopental) to control epileptiform convulsions.

48. TURPENTINE

(1) Give liquid petrolatum but no other fats and oils. Follow with a washing of the stomach with water or dilute solution of sodium bicarbonate. Leave a saline cathartic solution in the stomach. Later, give soothing demulcent drinks such as suspensions of egg white in milk. (2) Relieve pain, preferably with codeine or meperidine (Demerol), as morphine may add to depression of respiration. Give caffeine or other mild stimulant, if depression deepens, or short acting barbiturates for sedation, if excitement predominates. (3) Give fluids by mouth or vein to prevent dehydration and protect kidneys.

49. WARFARIN

(1) Wash out material from stomach soon after it has been swallowed. (2) Give infusions of Vitamin K_1 emulsion slowly into a vein until lowered prothrombin levels return to normal. (3) Transfuse fresh whole blood, if necessary, or give iron products to correct any anemia that may develop.

50. ZINC SALTS

(1) Have patient drink dilute solutions of sodium bicarbonate, tannic acid, or milk with egg white. Then empty stomach with an emetic or by lavage with water. (2) Keep patient warm, quiet, and free of pain, with warm drinks and external applications and by giving analgesic and sedative drugs. (3) Injecting systemic chemical antidotes such as BAL and edathamil calcium has been suggested, but their usefulness has not yet been proven.

Monographs reprinted from Physician's Desk Reference, 1961.

from the Illinois Medical Journal
JANUARY, 1963



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*Asherson, N., "Acute Otitis and Mastoiditis in General Practice," H. K. Lewis & Co., Ltd., London, 1934.

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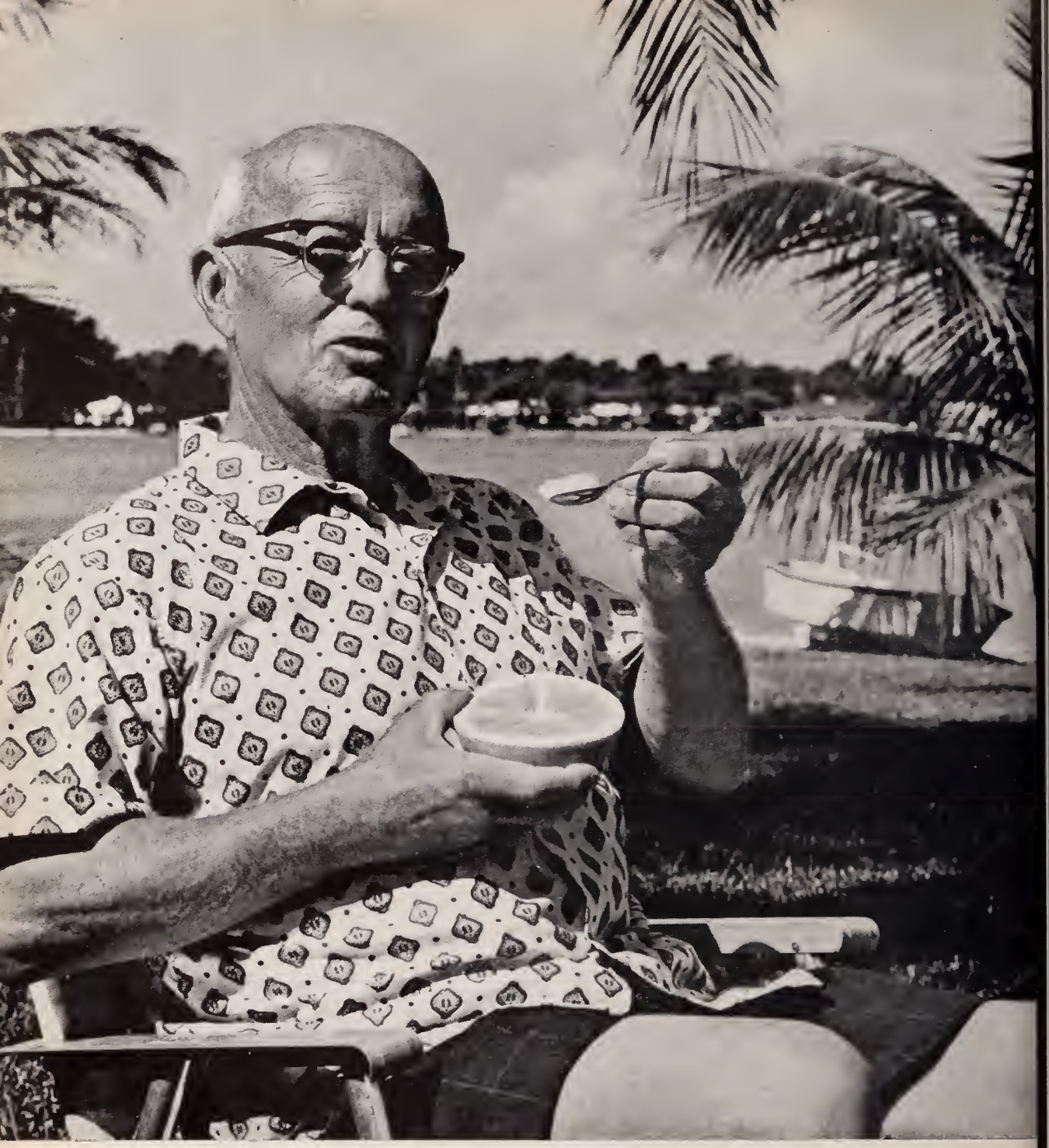
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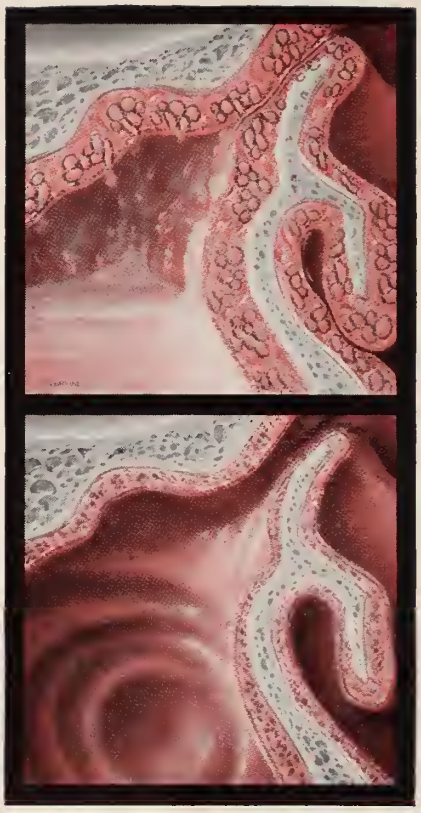
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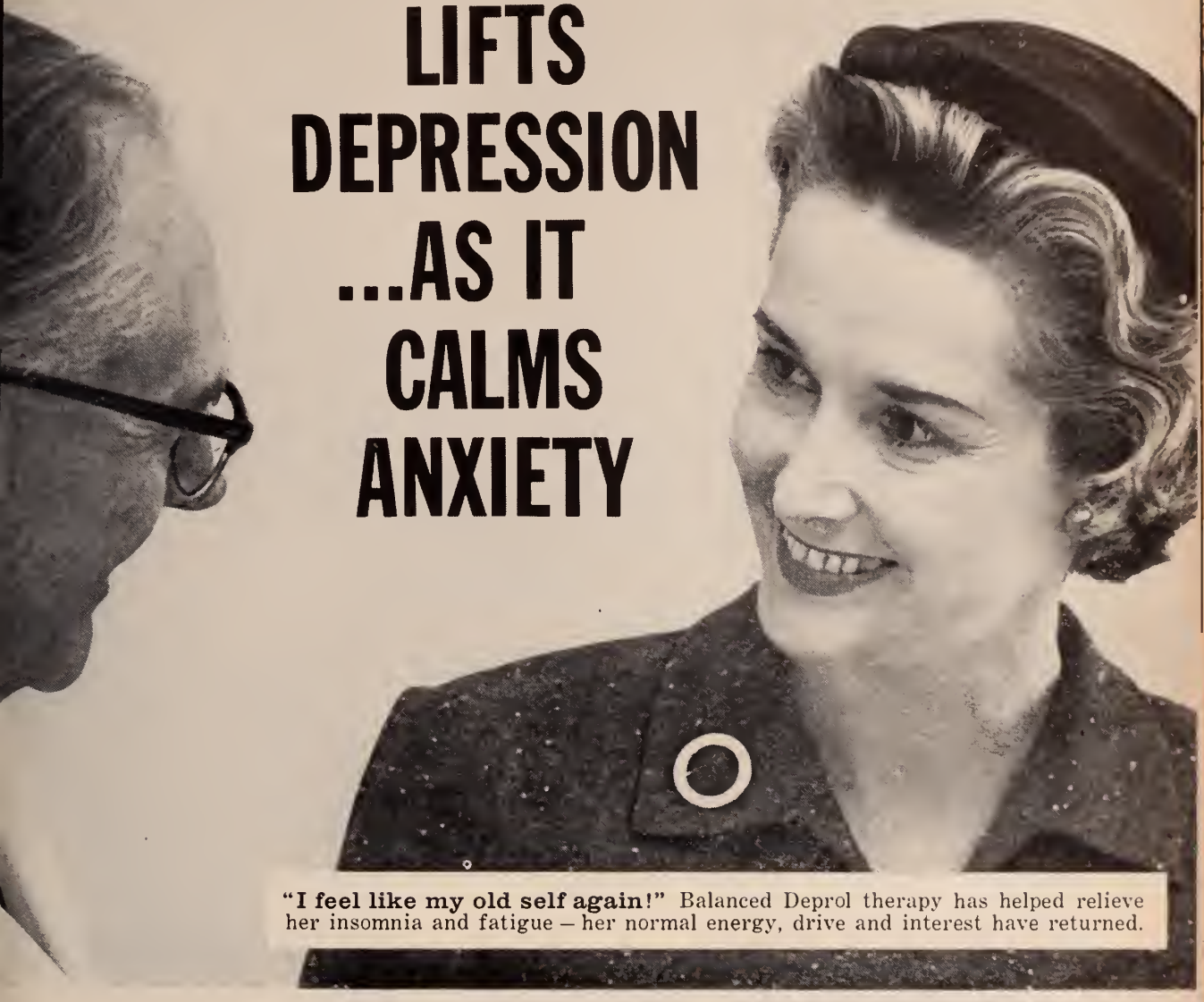
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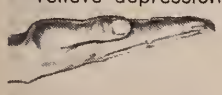
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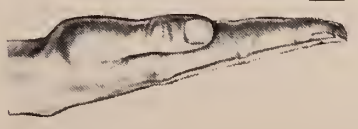
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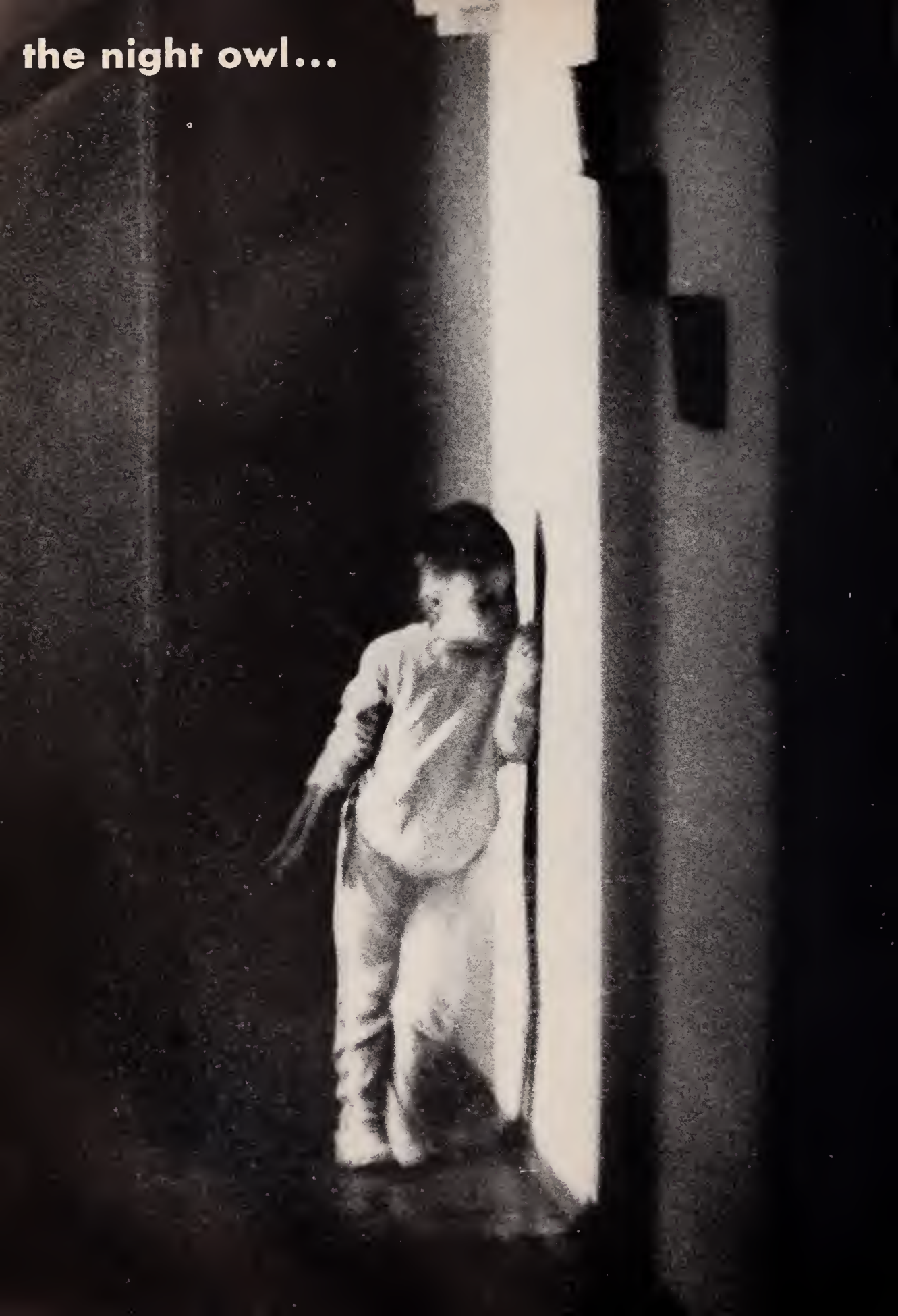
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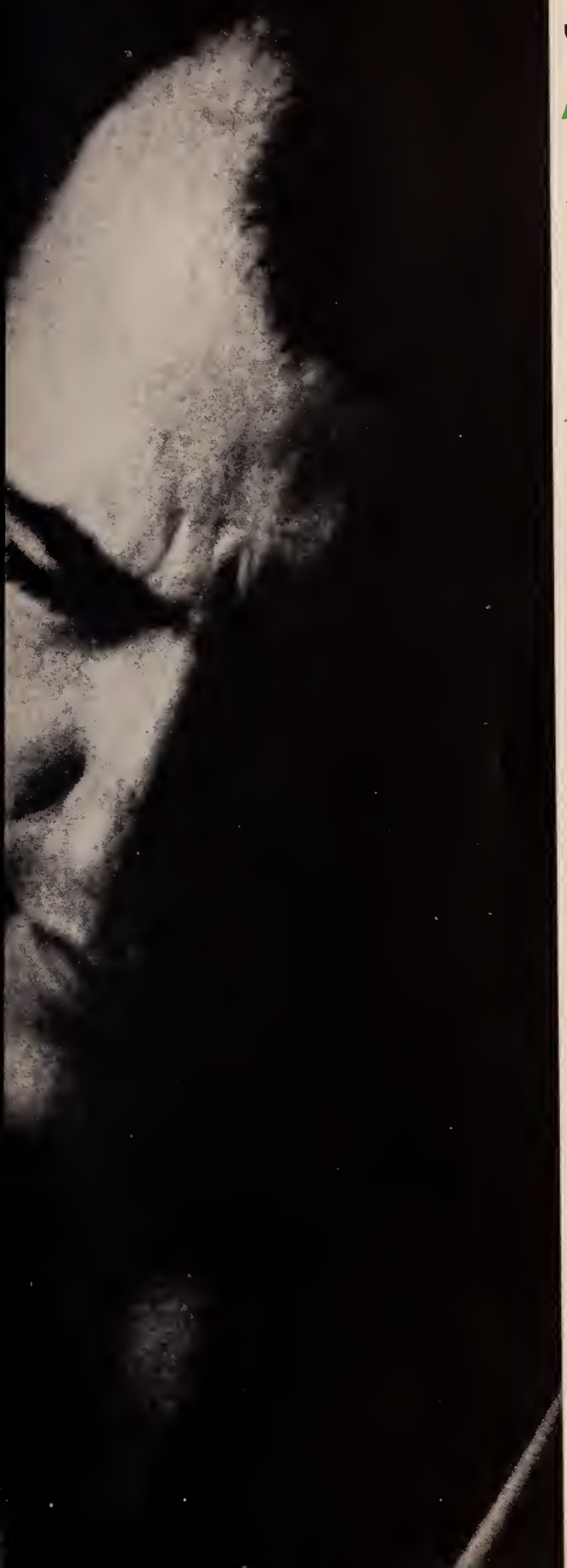
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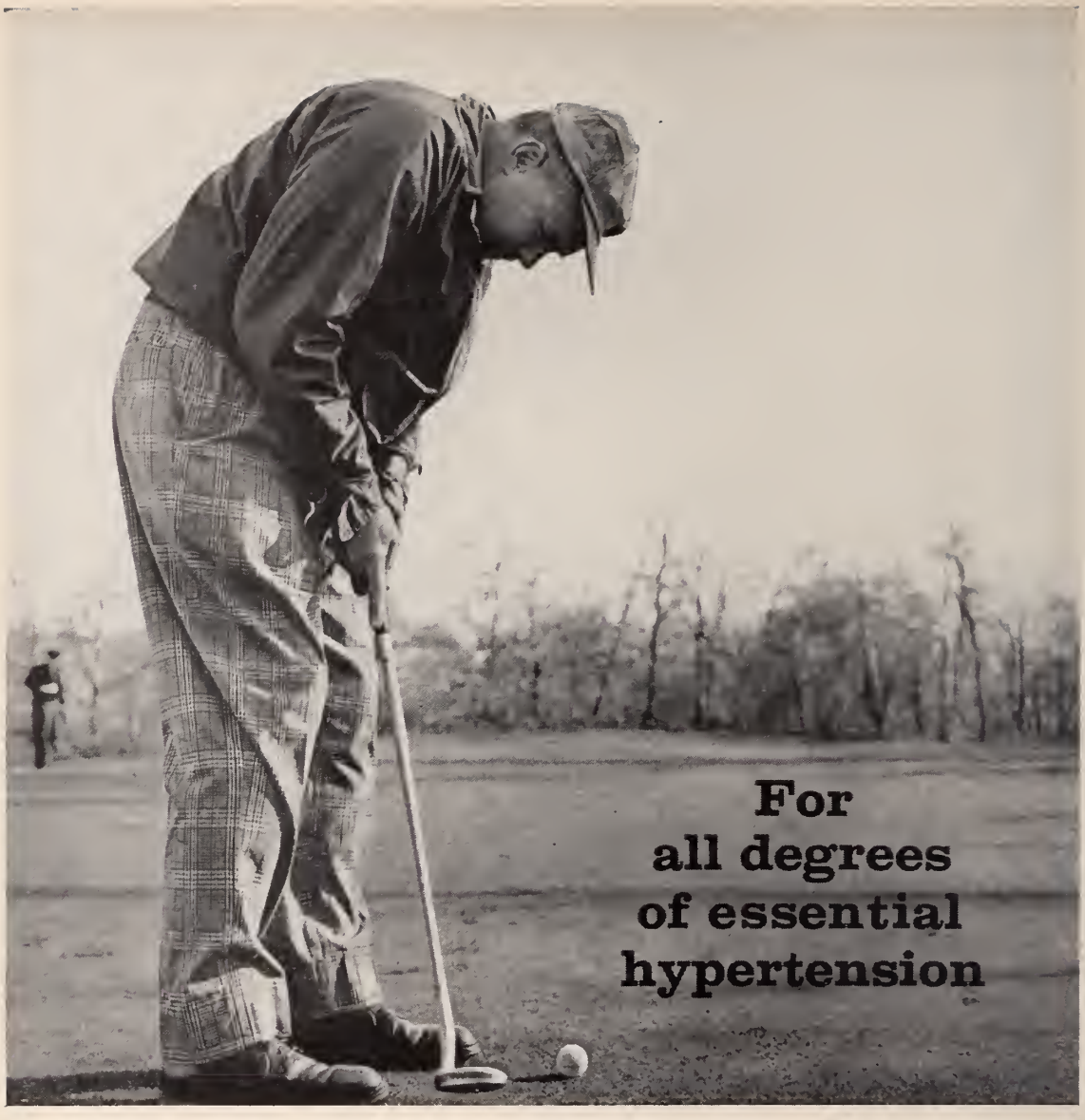
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References: (1) Thacher, H. C., & Fishman, L.: *J. Maine M. A.* **52**:84, 1961. (2) Hopkins, E. W.: *Postgrad. Med.* **29**:451, 1961. (3) Hall, W. H.: *M. Clin. North America* **43**:191, 1959. (4) Krugman, S.: *Pediat. Clin. North America* **8**:1199, 1961. (5) Ede, S.; Davis, G. M., & Holmes, F. H.: *J.A.M.A.* **170**:638, 1959. (6) Wolfsohn, A. W.: *Connecticut Med.* **22**:769, 1958. (7) Calvy, G. L.: *New England J. Med.* **259**:532, 1958. (8) Hendren, W. H., III, & Haggerty, R. J.: *J.A.M.A.* **168**:6, 1958. (9) Cutts, M.: *Rhode Island M. J.* **43**:388, 1960. (10) Berman, W. E., & Holtzman, A. E.: *California Med.* **92**:339, 1960. (11) Vetto, R. R.: *J.A.M.A.* **173**:990, 1960. (12) Sia, C. C. J., & Brainard, S. C.: *Hawaii M. J.* **17**:339, 1958. (13) Rosenthal, I. M.: *GP* **17**:77 (March) 1958. (14) Gaisford, W.: *Brit. M. J.* **1**:230, 1959.

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o lobar pneumonia in Illinois

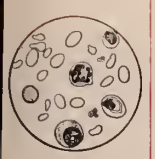
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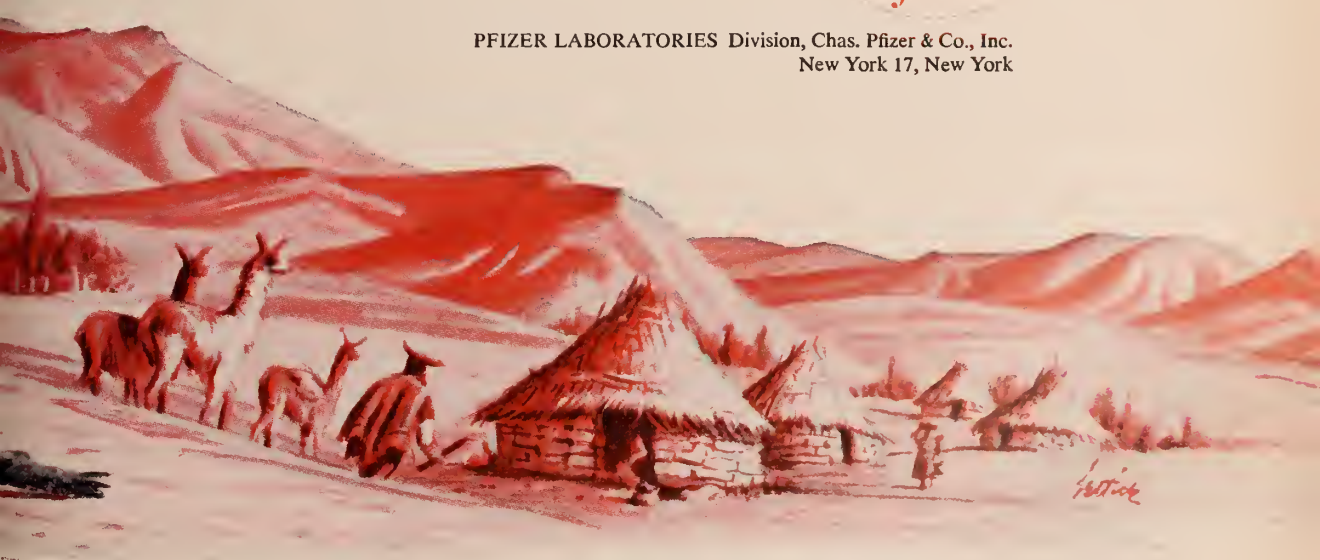


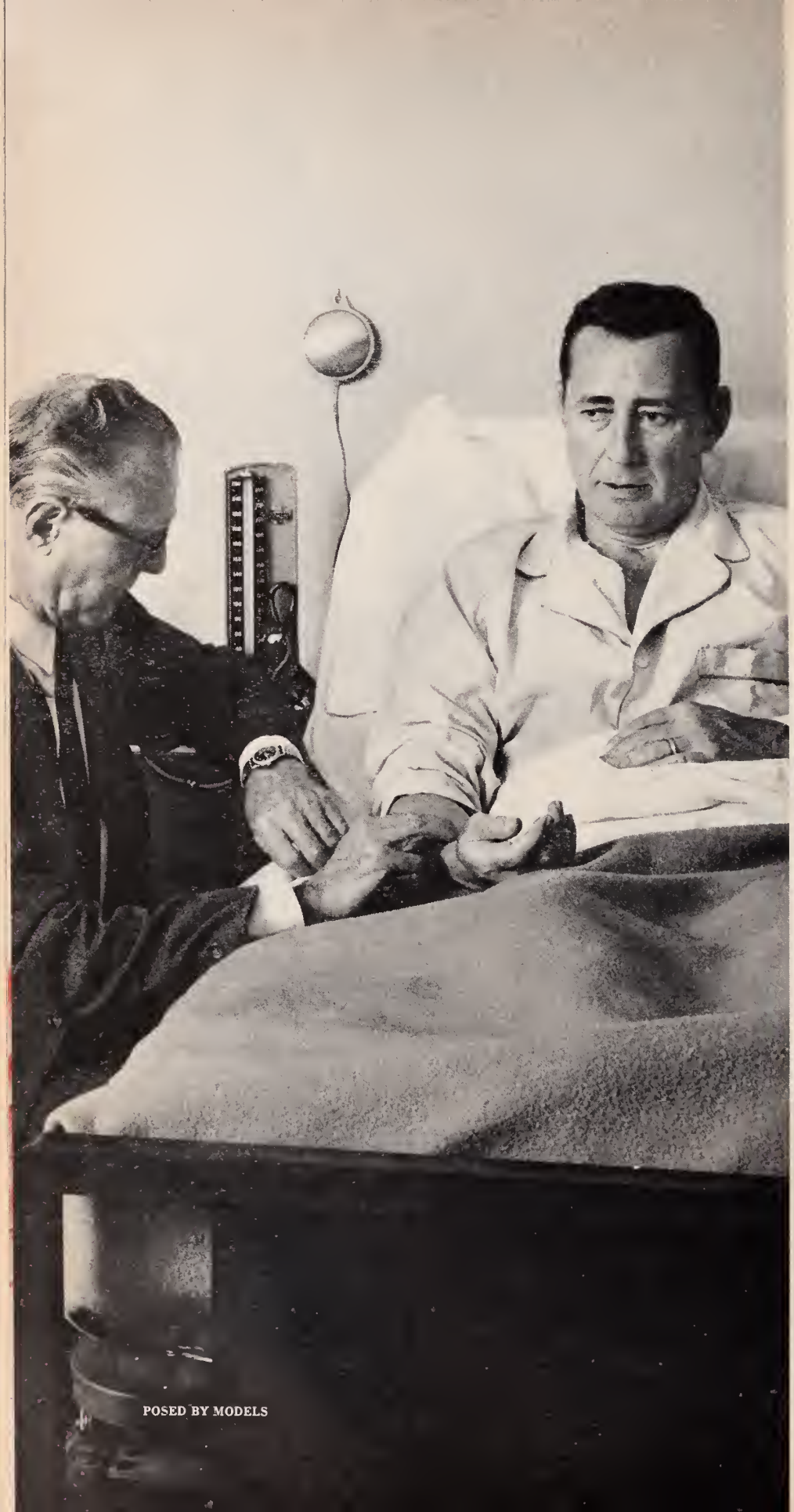
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PULSE of the Illinois State Medical Society

and Illinois Auxiliary News

360 N. Michigan Avenue, Chicago 1, Illinois • STate 2-1654

January, 1963 *Illinois Medical Journal*

National Program Planned:

Inaugural Community Health Week Successful

In most communities throughout the nation, Sunday, October 21, was greeted as an ordinary Sabbath, with little to distinguish it from preceding days of prayer. In most communities, that is, except St. Clair County.

This was Community Health Sunday, and, as worshippers settled in their pews, they were reminded of this fact by a special insert in their church bulletin. The sermon for the day was on the relationship of medicine and religion; of our responsibility to maintain strength and health in the bodies and minds which God has given us.

Returning home, families in St. Clair County were again made aware of Illinois Community Health Week for the major Sunday newspaper, the East St. Louis *Journal*, carried a full page of pictures and feature articles on careers in medicine. Included also was a full calendar of events for the following six days, ranging from a three-day health fair to panel discussions by physicians in every city and hamlet in the county.



COMMUNITY HEALTH WEEK GUEST: Janet Leigh, star of radio, television and motion pictures, is seen viewing a model of the human heart as Matthew B. Eisele, M.D., East St. Louis, explains its functions. Dr. Eisele, a member of the ISMS Committee on Public Relations, served as state chairman for "Illinois Community Health Week."

Frequent Reminders

Turning on the radio, the family might hear a five-minute taped interview with Dr. George F. Lull, ISMS President, on the purpose of Community Health Week. On television they saw a special film on Health Week, and driving down the streets there was no escaping the posters and billboards proclaiming this new observance in their community.

There was something for everyone during Community Health Week. The medical society provided Dad with automobile seat belts at cost, installation free; Mom toured the hospital and attended a free lecture on cancer prevention; the children attended the health fair with other members of their class and brought home some of the 50,000 Community Health Week pamphlets that were distributed.

Visitor From Hollywood

As usual, the children had the most fun. Patricia placed first in the high school poster contest, using "Physical Fitness . . . Hit the Target of Health" as her theme. Lisa won the junior high school poster contest illustrating "The Strength of Our Nation . . . Health." Little Mike took second honors in the grade school slogan contest with "Health Is Wealth No Money Can Buy." The big surprise came on the closing day of the health fair when movie actress Janet Leigh personally awarded the cash prizes with a kiss to each of the winners. Quite a week!

This was the pilot program of Illinois Community Health Week, a prototype for all to follow in years ahead. Now that the kinks have been ironed out, the observance of Health Week has been made easier for other counties; planning for next year has already begun.

(continued on page 4)

Illinois Auxiliary News

Mrs. George Buttemiller, Libertyville, Editor

Community Service Program Needs You

As state Community Service Chairman, I should like to pass on to you the basic 1962-63 Community Service Program of the Woman's Auxiliary to the AMA and later relate your own responsibilities in community service activities for Illinois.

In the year 1962-63 Community Service will promote two programs new to this section viz: Youth Fitness Examination Project of the American Medical Association. — Medical Quackery.

The Youth Fitness Examination may well be our service project or "working project". The latter, Medical Quackery, our education or "talking project".



Mrs. Thompson
Chairman

Youth Fitness Examination Project: This is a cooperative project with the American Medical Association to promote youth examinations by members of county medical societies working through local school systems. The auxiliary will aid in promotion, work, and follow through on these examinations. In some localities arrangements already exist. Where such do not exist, the auxiliary must arrange for and promote such in the interest of youth as a pure community service. This is the working half of our dual program.

Medical Quackery: As an almost direct result of the increasing public awareness and interest in medicine, health and its problems, has come a fantastic increase in all forms of Medical Quackery. The implementation of Medical Quackery has become exceedingly easy with modern communications and transportation media. So easy, in fact, that it has cost the American people an estimated one billion dollars annually. Medical Quackery now encompasses both medicine and its allied fields. Medical Quackery for the purpose of illustration and study may be divided thusly:

Health Cultists: Chiropractic, Naturopathy, Faith Healing, Hypnotist, Voodoo Artists, etc.

Medical Quacks: Claim to have methods or products for the diagnosis or treatment of disease: *e.g.* Cancer, TB, Arthritis, Diabetes, etc.

Nutritional Quackery: Probably the newest and most lucrative of the fields of quackery today.

Device Quackery: This, one of the older forms of quackery has been given new life by the remarkable progress in electronics and home labor-saving machines.

The Auxiliary has, as physicians' wives, an obligation to expose quacks and educate, if possible, the public against quackery.

In Illinois your Community Service Committee asks that you

Remember—THE IMAGE IS YOU! IN THE HOME! IN THE COMMUNITY!

The life of a Doctor's wife touches almost every constructive phase of community endeavor. As a disciple of service, the image of the doctor's wife which remains in the mind of the community is derived from one person, *YOU!* In this period, full of economic, legislative and social pressures, get busy, as individuals and as groups, on needed community projects. Keep this image of the doctor's wife shining with unselfish service to the community.

In case you are inclined to think that this is a duty for someone else rather than an ever-present opportunity for you, let me say that Community Service is a need, an opportunity, that has existed since the beginning of man upon earth. Thousands of years ago even the Greeks had a word for it. Pythagoras said, "In the theater of man's life, it is reserved only for God and angels to be onlookers".

Don't look *on;* get busy *in* your community. Remember the image of the doctor's wife is You!

Mrs. N. A. Thompson, Chairman
Community Service Committee

School Girls Aid C/P Parents

Fourteen members of the Allied Medical Careers Club of Danville High School have volunteered their services as babysitters for the parents group of the United Cerebral Palsy Association of Vermilion County.

The girls whose group is sponsored by the Auxiliary to the Vermilion County Medical Society, will be instructed by Mr. Robert Hutchinson, physical therapist, at the Cerebral Palsy Treatment Center in the Lakeview Memorial Hospital, Danville.

Congratulations to these young ladies for taking an interest in an important phase of the medical profession.

Auxiliary Calendar

March 1 Deadline for county chairmen reports and for councilor reports to President-Elect.

March 14 Deadline for dues to state treasurer.

March 15 Deadline for county president, state officers and state chairmen reports, also necrology lists.

May 12-16 Illinois State Convention, Sherman House, Chicago.

June 17-20 Convention: Woman's Auxiliary to the American Medical Association, Atlantic City.

Auxiliary Invited To Join Conference

Auxiliary Members are invited to join their husbands at the ISMS Legislative Conference, February 19, at the St. Nicholas Hotel in Springfield. Registration will begin at 10 a.m.

The day-long conference will present medicine's role in legislative activities. The keynote address will be delivered by Ernest B. Howard, M.D., AMA Assistant Executive Vice-President.

Mrs. Fred C. Endres, Co-Chairman, Auxiliary Legislative Projects, will be one of the featured panelists.

The full program will be found in the "Legislative Listening Post" of the January *Illinois Medical Journal.*



ESCULAPIAN ASSOCIATION OPEN HOUSE: ver 200 members and their friends attended e open house of the Aesculapian Associaon of Will-Grundy County held jointly with e Joliet Telephone Answering Service. The ssociation, in existence since April 1, is nique in the healing arts field. It is the dministrative and community service headuarters for the county dental, medical and harmaceutical societies.

The Association and the Answering Service intly share a modern, one-story building onveniently located in the business section f Joliet. Pictured on the left, Harry J. exter, Executive Director of the Aesculapian ssociation and seated, Robert Milligan, .Ph., Vice-Chairman of the Association Exutive Committee.

Illinois Physicians Top AMA-ERF Donations

Illinois physicians, through the SMS, presented a check for 183,000 to the American Medical ssociation Education and Reearch Foundation for distribution o medical schools throughout the ountry, representing the largest ontribution made to the AMARF by any state medical society his year.

ISMS, one of the leading state ociety contributors to the AMARF since its formation eleven ears ago, has now contributed a otal of $1,759,630 since 1953; conributions are for unrestricted use y the medical schools. In addition, ndividual members have made subtantial direct gifts to their alma maters. ▶

George F. Lull, M.D., Chicago, (left) President of the Illinois tate Medical Society, made the resentation to Raymond C. McKeown, M.D., (right) a member of he board of directors of the AMARF and of the American Medical ssociation board of trustees, at he November meeting of the AMA's House of Delegates in Los Angeles.

Latest Tool in our Public Relations Storehouse

The successful pilot program of Illinois Community Health Week in St. Clair County, and the endorsement of this new project by the AMA House of Delegates, has added a formidable working tool to organized medicine's public relations storehouse.

The impact of Health Week on one Illinois community, described elsewhere in this PULSE, speaks eloquently for the great potential of this observance as it now assumes a national role. Let's examine the objectives of Health Week and see how they relate to the principles by which we stand.

1. The primary objective of Health Week is to demonstrate to the citizens of a given community the total health services and facilities at their disposal, and to point out how these evolved as a result of community action.

2. With emphasis on *local* responsibility, Health Week affords an opportunity for every individual in a community to say "These medical services are the fruits of yesterday's labor; it is up to me, working with my neighbors, to help plan now for tomorrow's needs." Viewed in this manner, Health Week may well serve as a catalyst for community action.

3. As physicians, we participate in every manner of activity even remotely associated with health, and properly so. Yet, we participate as individuals, not as organized medicine. Community Health Week gives us the opportunity, under the *leadership* of organized medicine, to pull together all the voluntary and public health organizations and services so that we may present the total picture rather than confusing segments.

4. Finally, Community Health Week affords a special opportunity for the voice of medicine to be heard. It gives added meaning and importance to health fairs, career conferences, public forums, safety programs, immunization campaigns, and so forth. In short, it opens the door to a wealth of public relations programming.

At a time when our basic freedoms are being challenged, Community Health Week offers an important means for organized medicine to tell its story to the public. Perhaps we have been too silent, too long.

Matthew B. Eisele, M.D., Chairman
Sub-committee on Community Relations



Inaugural Community Health Week Successful (continued from page 1)

In Chicago, Community Health Week was observed mainly through guest appearances of physicians on radio and television; these included: WBKB-TV, WBBM-TV, WLS, WCFL, WBBM, and WMAQ. These were in addition to the taped interview with Dr. Lull, sent to 120 Illinois radio stations.

State-Wide Effart

The ISMS Committee on Public Relations, through its sub-committee on community relations, also produced several feature articles for distribution to all newspapers; prepared a one-minute television film on Community Health Week and sent copies to all stations; obtained the Governor's proclamation; printed 50,000 church bulletin inserts; and distributed nearly 100,000 pamphlets on the purpose of Health Week.

Dr. Matthew B. Eisele, chairman of the sub-committee, reports that the DuPage County Medical Society observed Community Health Week with a public exhibit of a century-old doctor's office at the Hinsdale Health Museum together with supporting publicity; the physicians in Taylorville sponsored a week-long health fair at St. Vincent Memorial Hospital, including exhibits, lectures and movies; and numerous editorials appeared throughout the state endorsing the objectives of Community Health Week.

Natlanal Health Week

The House of Delegates of the American Medical Association on November 28, 1962 approved a resolution urging the continued observance of Illinois Community Health Week, and calling upon all state and county medical societies for its adoption "as an outstanding means of cooperation between the medical profession and the health services in each community."



AN AUTO SEAT-BELT FITTING: Following his signature on the proclamation designating Community Health Week in Belleville, Illinois, the Mayor of Belleville, Charles E. Nichols (seated) was provided a seat-belt fitting. From the left, standing, are: Darroll Caldwell, executive vice president of the Jaycees, Lloyd F. Walk, M.D., chairman of the Belleville Health Fair, and Lloyd J. Hill, M.D., president of the St. Clair County Medical Society.



ISMS PUBLIC SERVICE HEALTH MESSAG Announcement of distribution of the ne one-minute public service film "Take Care the Common Cold" featuring "Mr. Hob and Nobbs," has been made by the Audi Visual Sub-committee. Leo P. A. Sweene M.D., Chairman of the ISMS Public Relatio Committee, says the film serves as a remi der to the public to care for their colds.



ILLINOIS PHYSICIAN APPEARS ON CAN DIAN TELEVISION: Joseph R. Mallory, M.D Mattoon, (2nd left) is seen as he discuss MEDICARE on the Pierre Burton Hour ov the Canadian television network. Othe appearing on the program were Dr. Lew Brand, (left), Saskatchewan; the Canadi journalist, Pierre Burton (2nd right) and D Stark Murray (right) United Kingdom.



Editorials

Viruses and Intussusception

The september 15 issue of the British Medical Journal carried a number of articles linking viruses and intussusception in young children. The therapy is worth considering even though the evidence is strongly circumstantial. The cause of this condition in adults usually stems from a benign polyp or a pedunculated carcinoma. But such obvious causes are found in less than 2 per cent in children.

In addition the condition is most common under 2 years of age. It is more frequent some years and in certain months than others. Low grade fever is noted occasionally and at operation the terminal inch of lumen may be completely obstructed. The bowel is hyperactive and enlarged lymph nodes have been noted. Reports have appeared also on the prominences of Peger's patches in the terminal ileum.

The circumstantial evidence linking viruses and intussusception amounts to the following: almost one third of 285 cases also had respiratory infections during the attack. In more detailed studies one group was able to isolate viruses from the mesenteric lymph nodes in 11 out of 17 cases of intussusception and 11 out of 31 cases of mesenteric adenitis. The virus was isolated in only five cases from the isolated nodes of 50 control subjects.

Serologic tests were positive for an adenovirus or an enterovirus in 16 out of 24 cases and in 10 out of 17 cases with adenitis and intussusception. In another study for the same journal viruses were isolated from the feces of 20 out of 37 children with intussusception as compared with 5 of 156 children used as controls.

A third article demonstrated that other causes may exist. Intussusception was found in heavier children and there took place usually more than an hour after feeding. But in particular was the evidence that the child consumed a higher intake of fluid which was swallowed more rapidly than in controls. There was evidence that more of the patients had feedings unthickened by cereal and the nipples used for formula had higher flow rates.

Diagnosis of Infectious Mononucleosis

M. M. Wintrobe[1] believes that the clinical manifestations of infectious mononucleosis are so protean that many otherwise unexplained, self-limited febrile disorders are included under this diagnosis. He suggests that the diagnosis be restricted to cases in which the lymphocytes constitute more than 50 per cent of the leukocytes, atypical lymphocytes are present, and both of these features exist for at least 10 days. The titer of heterophil antibodies should be at least 1:28.

The atypical lymphocytes are of a peculiar type. According to Wintrobe "their nucleus may be oral, kidney shaped, or slightly lobulated, and the cytoplasm is often somewhat basophilic and may be vesiculated or foamy in appearance. The nuclear chromatin is usually coarse and irregular, and nucleoli are rarely seen. These cells make up 60 per cent or more of all the leukocytes." He requires in making the diagnosis a minimum of 20 per cent of these lymphocytes at the time of the fever peak along with the positive heterophil antibody reaction.

REFERENCE

1. Principles of Internal Medicine, Edited by T. R. Harrison, et al., Ed. 4., New York, McGraw Hill Book Company; 1962, p. 1248.

Junior College Nursing Program in Illinois An Urgent Necessity



IMOGENE KING, R.N., ED.D.,
Chicago

THE HISTORY OF ORGANIZED NURSING in the United States reflects the history of vocational education and of most professions generally. Periods of stress, turmoil, legislation, and self-examination have affected the present patterns of education for nursing. The newest pattern is the Associate Degree Program in Nursing in the Junior-Community Colleges. The purpose and functions of the Community Colleges in general are based on the belief that they exist to meet student and community needs and thus provide for an educational service to the community. Therefore, a primary and on-going function is identification of these needs. The programs of study within the Community Colleges will serve a variety of functions:

1. To provide general education.
2. To provide terminal technical and semi-professional education for occupations.
3. To provide the first two years of college for students who wish to transfer to a senior college.
4. To provide for adult education.
5. To provide for community service, such as cultural and recreational activities for the whole community.

Junior Colleges have participated in nursing education for many years. The pattern of participation in the past has been to provide for instruction in the sciences and humanities; the hospital school maintained control and responsibility for the entire program in nursing.

Chairman, Basic Nursing Program and Professor of Nursing, Loyola University School of Nursing, Chicago, Illinois.

A second pattern of participation is one in which the Junior College administers and controls the entire nursing program (including the financial responsibility for it) and grants the associate degree at the completion of the program. The graduates (depending upon the law) are then given the opportunity to write the state licensing examination to become "Registered Nurses." Representatives of the National League for Nursing and the American Association of Junior Colleges have prepared jointly a set of guiding principles for Junior College participation in nursing education. These principles provide information relative to both patterns of participation. The following quote describes the new program:

> Junior College education for nursing has two main purposes: 1) to provide another educational channel through which nursing personnel may be prepared to help meet the urgent and expanding needs of the health services and society, and 2) to offer the same kind of education opportunity to students interested in this field as is offered to students seeking preparation on this level for other occupations. The fulfillment of these purposes necessitates the same inclusive responsibility for the nursing program on the part of the junior college as is assumed for all associate degree programs in the institution.[1]

A five-year curriculum study, experimentation, and evaluation in Community College Education for Nursing preceded the development of this new pattern of nursing education. The Cooperative Research Project under the direction of Dr. Mildred Montag was completed in 1957. A description and evaluation of this five-year study published in 1959 revealed that individuals can be educated in the Community College Program to begin practicing bedside nursing. After some orientation to the

institution the graduates of these programs perform the functions for which they are prepared — those of direct patient care. The nursing law in states employing these programs permits graduates to write the licensing examination for registered nurses. This study also demonstrates that about one third of the students admitted during the period 1952-1957 would not have entered nursing if it were not for these programs. A brochure published in 1960 states:

> Graduates of this program are prepared to give patient-centered nursing care in beginning general duty nurse positions. They are prepared to draw upon a background of scientific and humanistic understanding in administering nursing care to patients. They relate well with people and are self-directive in learning from experience as practicing nurses. They are prepared to cooperate and share responsibility for the patients' welfare with other general duty nurses, with head nurses, with supervisors, with attending physicians, and with other personnel. As all other beginning practitioners, these gaduates need to be oriented to new work situations and given time and opportunity to become increasingly effective in the practice of nursing.[2]

The need for more bedside nurses in Illinois and the need for another avenue to prepare these nurses make it imperative for all citizens of the State to support the change in legislation which will be introduced in the 1963 legislative session. Thus a state-wide plan for initiating Associate Degree programs in nursing can be implemented in a systematic way. The need for a change in legislation in the Illinois Nurses' Act to provide another avenue to educate the bedside nurse, and the need to provide for planned development of the Junior College program in nursing must be clearly visualized by nurses, doctors, members of allied professions and the public. The problems of quality and quantity to provide nursing services for the citizens of Illinois are amendable to solution but will require understanding, systematic planning, and the concerted effort of all individuals.

The prodigious rate of expansion of knowledge generally, the demand for more health facilities and personnel, increased technology, and a society conscious of health problems demand that we face the problems for Illinois with some urgency. The role of the nurse has expanded over the past twenty-five years and through this expansion has taken nurses away from the bedside to perform functions relative to unit management rather than direct patient care. This new program prepares the individual for patient care. The Junior College program is regarded as complete in itself; that is, the major purpose is the educational preparation of the nursing student for direct patient care. In this sense the program is terminal and is not to provide an introduction to baccalaureate education in nursing.

The Community College program in nursing can provide another avenue for educating more bedside nurses in a shorter period of time. These programs do recruit individuals for nursing who would never have entered the field. If nursing expects to increase the percentage of those individuals graduating from high school in the next decade who will choose nursing, the Junior College programs are a necessity.

REFERENCES

1. National League for Nursing, Department of Diploma & Associate Degree Programs. *Guiding Principles for Junior College Participation in Education for Nursing.* New York, December 1961, p. 9.
2. National League for Nursing, Department of Diploma & Associate Degree Programs. *Characteristics of College-Controlled Programs in Nurse Education Leading to an Associate Degree.* December 1960. New York. p. 2.

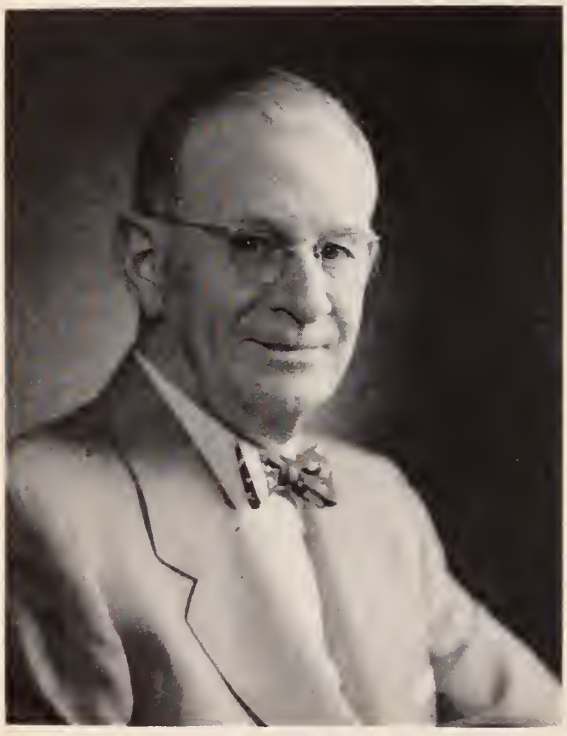
A Fine Balance in Drug Legislation

It is of fundamental importance that new drugs, before being used widely in research and being marketed, should be adequately tested for safety. Of equal importance is the fact that there be a continuous flow of new and improved drugs. Any legislation on this subject, therefore, needs to strike a fine balance. On the one hand, it properly seeks to broaden and strengthen controls over drugs both new and old, to protect the public interest. On the other hand, it must encourage rather than obstruct the continuing flow in the number and kind of new drugs that are needed for better health. *Leonard A. Scheele, M.D., Senior Vice President, Warner-Lambert Pharmaceutical Company, to House Interstate and Foreign Commerce Committee, August 20, 1962.*

NEWS and ANNOUNCEMENTS

Percy Hopkins Named Chairman of AMA Board

Dr. Percy Hopkins, past president of the Illinois State Medical Society, was named chairman of the Board of Trustees of the American Medical Association at their recent Los Angeles Clinical meeting.



Percy Hopkins, M.D.

Dr. Hopkins was elected to the Board in June, 1959, and was serving as vice-chairman. He will replace Dr. Hugh H. Hussey, who resigned to become director of the AMA's Division of Scientific Activities.

The new board chairman is chief of the medical staff of Christ Community Hospital in Oak Lawn. He is a fellow of the American College of Surgeons and served for six years at president of the Illinois Medical Service. Presently he is a member of the Board of Directors, National Association of Blue Shield Plans.

Dr. Hopkins' ISMS activities include his tenure as Chairman of the Board, member of the Council and chairman of the Committee on Medical Services for many years. He was president of the Society in 1949.

Begin Pilot Study on Perinatal Mortality

The Joint Perinatal Mortality Committee has been directed by The Board of Trustees of The Illinois State Medical Society to study ways and means of reducing the perinatal mortality rate throughout our state.

From 1930 through 1961 the neonatal mortality rate in the State fell from 77.6 to 31.1. During this same period the maternal mortality rate fell from 54.6 to 2.6. Your Board of Trustees desires that future statistics concerning neonatal mortality rates reflect the same impressive efforts that those concerned with maternal mortality now portray.

On December 6, 1962, The Joint Perinatal Mortality Committee met in Springfield with representatives from Adams, Schuyler, Fulton, Peoria, Tazewell, Morgan, Sangamon, Shelby, Macon, Champaign and McDonough counties. The purpose of this meeting was to arrange a voluntary and cooperative Pilot Study of perinatal mortality.

The participating counties were selected because they are representative of our State; lying in the midlands they are neither urban nor rural.

The Pilot Study begins January 1, 1963, with the voluntary cooperation of the above medical societies and the hospitals in their areas. Appropriate work sheets will be forwarded to the hospitals concerned shortly after January 1, 1963.



A Blue Cross-Blue Shield Plan Hospital

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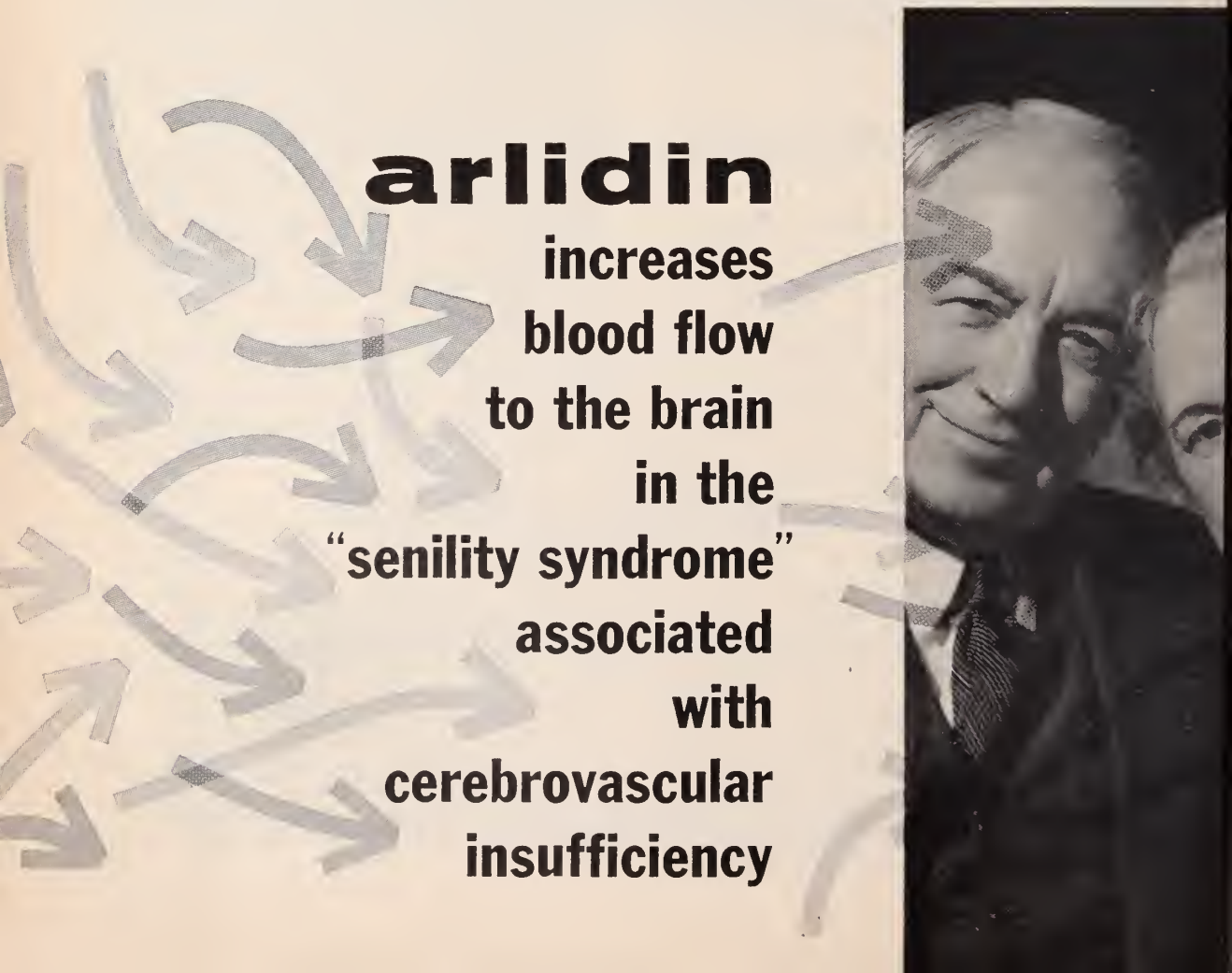
Northwestern University Medical School, one of eight U.S. research centers cooperating in a study of high blood pressure caused by kidney disease, has been awarded $22,000 by the Public Health Service for the second year of its program.

Presbyterian-St. Luke's Hospital has been awarded a $323,743 grant for basic research and clinical investigation to be done in the hospital's endocrinology and metabolism section. Dr. Theodore B. Schwartz, director of the section, will be principal investigator of the five-year project to study physiologic and pathologic changes in persons with disorders of sodium, calcium, or carbohydrate metabolism, and obesity.

Dr. Schwartz was recently named principal investigator on a $150,810 project to study various methods of treatment for diabetes. This work, to be done over a five-year period, is a collaborative effort with nine universities which include Western Reserve, Johns Hopkins, and Harvard. Both grants were awarded through the National Institute of Arthritis and Metabolic Diseases of the Public Health Service.

New Federation Meets

Dr. John A. D. Cooper, associate dean of Northwestern University Medical School and editor of the Journal of Education, was one of the interim executive committee of the newly formed Pan-American Federation of Medical School Associations which met recently in Chile to complete the formal organization of the federation. The new organization is concerned with improving medical education in the Americas.



Awards

First gold medal awards in a new "recognition" program for persons making contributions to the science of dermatology were presented recently by the American Academy of Dermatology during its annual meeting. One of the initial recipients was Dr. Stephen Rothman, professor emeritus in dermatology, Argonne Cancer Research hospital, University of Chicago.

Elections

Dr. Derrick T. Vail, professor and chairman, department of ophthalmology, Northwestern University Medical School, has been elected the new president of the International Ophthalmological Congress at its meeting in New Delhi, India.

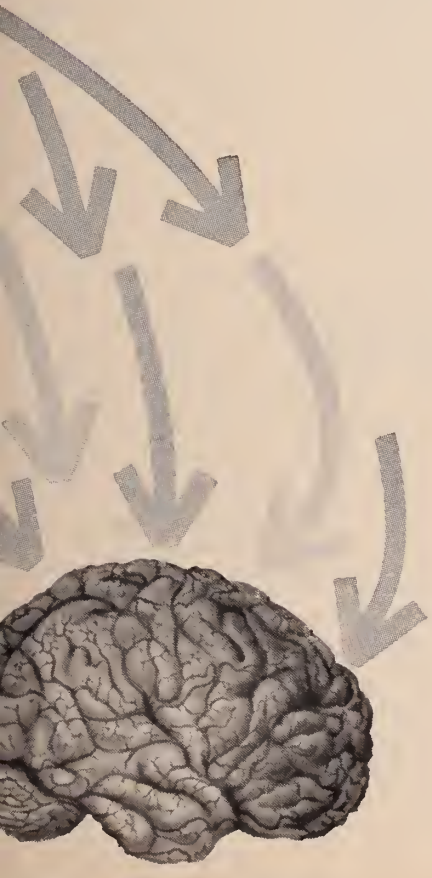
Mental Health Clinics Planned

Ground will be broken in April for construction of the first of the revolutionary community-centered mental health clinics pioneered in Illinois. Construction will begin on a facility in North Chicago named the John J. Madden Clinic in honor of the late chairman of neurology and psychiatry at Loyola University Strich School of Medicine. Patients are expected to be admitted beginning in September, 1964.

The Madden Clinic will be the first mental health facility planned for short-term intensive care to treat all categories of mental illness and all age groups on one site with program and facilities completely integrated into the community it will serve.

Erratum

In the October issue, the site of Dr. Hugh A. Johnson's practice was erroneously listed as Chicago in his article "Reconstructive Surgery for External Nasal Deformities." His correct address is Rockford.



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Russians Say "Da" to Medicine in Chicago





LANGUAGE ONLY "BARRIER" HERE. Explanation of culture disc contents by Dr. Gene Stollerman (center, left photo) remains unintelligible to Russian rheumatologists Dr. A. I. Strukov (left) and Dr. A. I. Nesterov until interpreter Dr. Emmanuel Rudd (right photo, left center) steps in to resolve the difficulty.

The Iron Curtain was no barrier to three Russian rheumatologists who toured the Sackett Rheumatic Fever Research Laboratory at Northwestern University Medical School recently. Dr. V. I. Sachkov, Professor A. I. Nesterov and Professor A. I. Strukov, currently touring the United States under an exchange agreement, were hosted by Dr. Gene Stollerman, director of the Laboratory.

Rheumatic fever is the number one rheumatic disease in the Soviet Union. "They felt that Chicago is the big center for rheumatic fever research," Dr. Stollerman commented. "Other research centers concentrate on rheumatoid arthritis — not rheumatic fever."

The Russians reported that their research on the disease is not as intensive as that done in the laboratory. "They were impressed with what we showed them and with our methods," Dr. Stollerman said. Proving their respect for the work being done was the Russian desire to exchange fellows in order to learn more of the technics and basis for the American advancements. Proceedings leading to this exchange will begin as soon as the scientists return to Moscow.

"One of the things Professor Nesterov and I were in perfect agreement on was that the present state department restrictions which limit the stay of exchange students to 4 months are deplorable," Dr. Stollerman said. "Any meaningful exchange must be for at least 1 year. When you work with someone for a year you get to know them intimately. This leads to a sound basis for all cultural and scientific exchange. However, until this rule is changed, I am ready to receive a Russian fellow at any time."

Besides their visit to the Sackett Rheumatic Fever Research Laboratory they visited the LaRabida Jackson Park Sanatorium to study the treatment of rheumatic patients.

Awards

For the second consecutive year, the Sears-Roebuck Foundation and the Student American Medical Association Foundation will sponsor a preceptorship program to aquaint medical students with general practice work in small communities. Interested students must submit applications, available through SAMA chapters, to the executive director of the SAMA in Chicago. Each preceptor will receive a $500 scholarship plus room and board in the community to which he is assigned.

Crippled Children Clinics

February	1	Chicago Heights (Cardiac) — St. James Hospital
February	6	Hinsdale — Hinsdale Sanitarium
February	6	Metropolis — Methodist Educational Building
February	6	Rock Island (Cerebral Palsy) — Foss Home, 3808 Eighth Avenue
February	8	Evanston — St. Francis Hospital
February	12	East St. Louis — St. Mary's Hospital
February	12	Peoria (General) — Children's Hospital
February	13	Champaign-Urbana — McKinley Hospital
February	14	Anna — Anna Community Hospital
February	14	Macomb — McDonough District Hospital
February	14	Springfield (General) — St. John's Hospital
February	15	Chicago Heights (Cardiac) — St. James Hospital
February	19	Belleville — St. Elizabeth's Hospital
February	20	Chicago Heights (General) — St. James Hospital
February	21	Bloomington (General) (a.m.) — St. Joseph's Hospital

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February 21 Elmhurst (Cardiac) — Memorial Hospital of DuPage County
February 21 Rockford — St. Anthony's Hospital
February 26 Effingham (Rheumatic Fever and Cardiac) — St. Anthony Memorial Hospital
February 26 Peoria (General) — Children's Hospital
February 27 Aurora — Copley Memorial Hospital
February 27 Springfield (Cerebral Palsy (p.m.)) — Memorial Hospital
February 28 Litchfield — Madison Park School

Musical Society Formed

The newly formed Physicians' Mutual Society of America is seeking physicians interested in music to join their society. Their objective is to perform classical symphonic, chamber and choral music under the direction of leading conductors. Eugene Ormany, Director of the Philadelphia Orchestra, is a consultant to the Society. Interested doctors may write Physicians' Musical Society, Department of Pediatrics, 1025 Walnut Street, Philadelphia 7, Pennsylvania.

PG Courses

Harvard Medical School has scheduled a post graduate course in the Medical Care of the Adolescent, April 29-May 3, at the Children's Hospital Medical Center in Boston. This intensive course of instruction is designed to cover the diagnosis and treatment of many disorders common in adolescence, as well as various aspects of the understanding and evaluation of boys and girls between 12 and 21 years of age.

The Fourth Oklahoma Colloquy on Advances in Medicine: Pulmonary Insufficiency will be held March 28-30 in Oklahoma City.

Long-time ISMS Leader Succumbs

Frank Garm Norbury*, president of the Illinois State Medical Society 1955-1956, died November 28, aged 70. President of the Norbury Hospital in Jacksonville, Dr. Norbury was a 1917 graduate of Harvard Medical School.

Certified in Psychiatry and Neurology in 1939, he was a life fellow of the American College of Physicians and the Association of Military Surgeons, past President of the Morgan County Medical Society and a member of the Central Neuropsychiatric Association, National and Illinois Societies for Mental Health, the Institute of Medicine of Chicago, and the Morgan County and Illinois Tuberculosis Associations.

During World War I Dr. Norbury served as Chief of Laboratory Service of Base Hospital 7 in France and Bacteriologist to the Meningitis Commission. He left active duty as a Captain but volunteered again in 1942. He served as Commanding Officer, 83rd General Hospital in North Wales and France and later was Consultant for the U.S. military government of Germany.

He had served since 1951 as president of the Norbury Hospital which his father had founded as the Norbury Sanitarium 60 years ago.

Displaying his interest in civic affairs were his offices as charter member and past president of the Jacksonville Kiwanis Club, membership in the American Legion and member of the psychiatric advisory council of the Department of Mental Health of the State of Illinois.



Frank G. Norbury

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Deaths

Robert E. Dunlevy°, Pekin, immediate past president of the Tazewell County Medical Society and the only recipient of that Society's "Outstanding Service Plaque," died November 24, aged 42. He was a 1943 graduate of the University of Illinois College of Medicine.



Robert E. Dunlevy

His offices in and out of medicine were many. He was the only member of the Tazewell County Medical Society to serve two terms as president and he had also been vice-president and secretary-treasurer. He was president of the Pekin Memorial Hospital's medical staff, District President of the Academy of General Practice and was active in the state society serving as chairman of the Hospital Liaison Committee.

An outstanding leader in community and civic affairs, Dr. Dunlevy was on the board of directors of the Pekin Association of Commerce and at the time of his death was on the board of the Tazewell County Tuberculosis Sanitarium.

Felix P. Basch°, Chicago, a graduate of the University of Vienna Medical School in 1923, died November 27, aged 63. He came to the United States from Czechoslovakia in 1938. Certified in pediatrics in 1944, he was a member of the American Academy of Pediatrics.

Gerald J. Dundon°, Columbia, a graduate of Chicago Medical School in 1932, died November 13, aged 59. He was a past president of the Southern Illinois Medical Association, a past director of the Illinois Academy of General Practice and a member of the American Academy of Chest Physicians.

David W. Fey°, Peoria, a graduate of Northwestern University Medical School in 1932, died October 5, aged 57. He was a fellow of the International and American Colleges of Surgery.

W. Russell Greenwood°, Livingston, a graduate of the University of Pennsylvania School of Medicine in 1935, died November 9, aged 56. He was past president of the Madison County Medical Society and was active in the Academy of General Practice. He served with the Navy in World War II.

William A. Griffith°, retired, Belleville, a graduate of St. Louis University School of Medicine in 1925, died November 30, aged 66. He was a past president of the St. Clair County Medical Society and of the East

St. Louis chapter of the American Red Cross. He had retired in 1947.

Frank P. Hammond*, Fort Myers, Florida, retired, died November 5, aged 83. He had been associated with the Blue Cross and Blue Shield programs in Chicago and was a fellow of the American College of Surgeons and former member of the Chicago Crime Commission before his retirement in 1953. He was an emeritus member of ISMS.

Clifford A. Hancock, Jr.*, East St. Louis, a graduate of Meharry Medical College in 1944, died November 12, aged 45. He was certified in Obstetrics-Gynecology in 1954 and was a member of the American College of Obstetrics and Gynecology. He had served in the Air Force attaining the rank of major.

Tully O. Hardesty*, Jacksonville, a graduate of Marion-Sims College of Medicine, St. Louis in 1896, died November 19, aged 93. He was a member of the 50 Year Club and an emeritus member of ISMS.

Minor L. Hartman*, retired, Belvidere, a graduate of Bennett Medical College in 1914, died November 9, aged 77. An emeritus member of ISMS, he had served as president and secretary of the Boone County Medical Society.

William Hoffstadter*, retired, Chicago, a graduate of University of Illinois College of Medicine in 1935, died November 7, aged 57. A major in World War II, he had retired in 1957.

Alfred A. Knapp*, retired, Winter Park, Florida, a graduate of Rush Medical College in 1891, died November 17, aged 94. He was a practicing physician in Peoria until his retirement in 1945. He had served as president of the Peoria Medical Society and the Methodist Hospital staff. He was also Surgeon General of the General Society of Mayflower Descendants. He was an emeritus member of ISMS and also was a member of the 50 Year Club.

Otto Kreml*, Chicago, a graduate of Bennett Medical School in 1915, died December 1, aged 81. He was a 40-year member of the staff of West Suburban Hospital and an emeritus member of ISMS. He served as a colonel in the Army in World War I.

Edward J. Mayer*, Joliet, a graduate of the Chicago Medical School in 1931, died October 10, aged 58. He was an emeritus staff member of Silver Cross Hospital.

James E. McKibben*, Danville, a graduate of Northwestern University Medical School in 1938, died November 26, aged 50. He was a member of the Central States Society of Industrial Medicine and Surgery, the Industrial Medical Association and the American Association of Railroad Surgeons.

Charles W. Olsen*, Chicago, a graduate of Loyola University in 1919, died December 1, aged 71. He was a noted collector of Americana, a member of the Civil War Round Table of Chicago and in 1959 had been selected as one of 77 Americans selected as honorary members of the Lincoln Sesquicentennial Commission. He was an emeritus member of ISMS.

Sheldon W. Reagan*, Aroma Park, a graduate of Chicago Medical School in 1931, died November 15, aged 63. He was Secretary-Treasurer of the Kankaee County Medical Society and a delegate to the Illinois Academy of General Practice.

Richard Waalkes*, Chicago, retired, a graduate of Hahnemann Medical College in 1915, died November 11, aged 77. He was an emeritus member of ISMS.

Lawrence A. Ryan*, East St. Louis, a graduate of St. Louis University School of Medicine in 1911, died December 1, aged 78. He was a veteran of World War I where he served as a surgeon with the British artillery being one of the first American doctors to go to Europe during the war. He held the British Military Cross for his war service. He was an emeritus member of ISMS.

Milton Silberman*, Chicago, a graduate of Chicago Medical School in 1946, died December 6, aged 48.

William B. Welch*, retired, Joliet, died November 6.

Frank A. Wojniak*, Chicago, a graduate of the University of Illinois College of Medicine in 1917, died November 19, aged 68. He was certified in otolaryngology in 1934.

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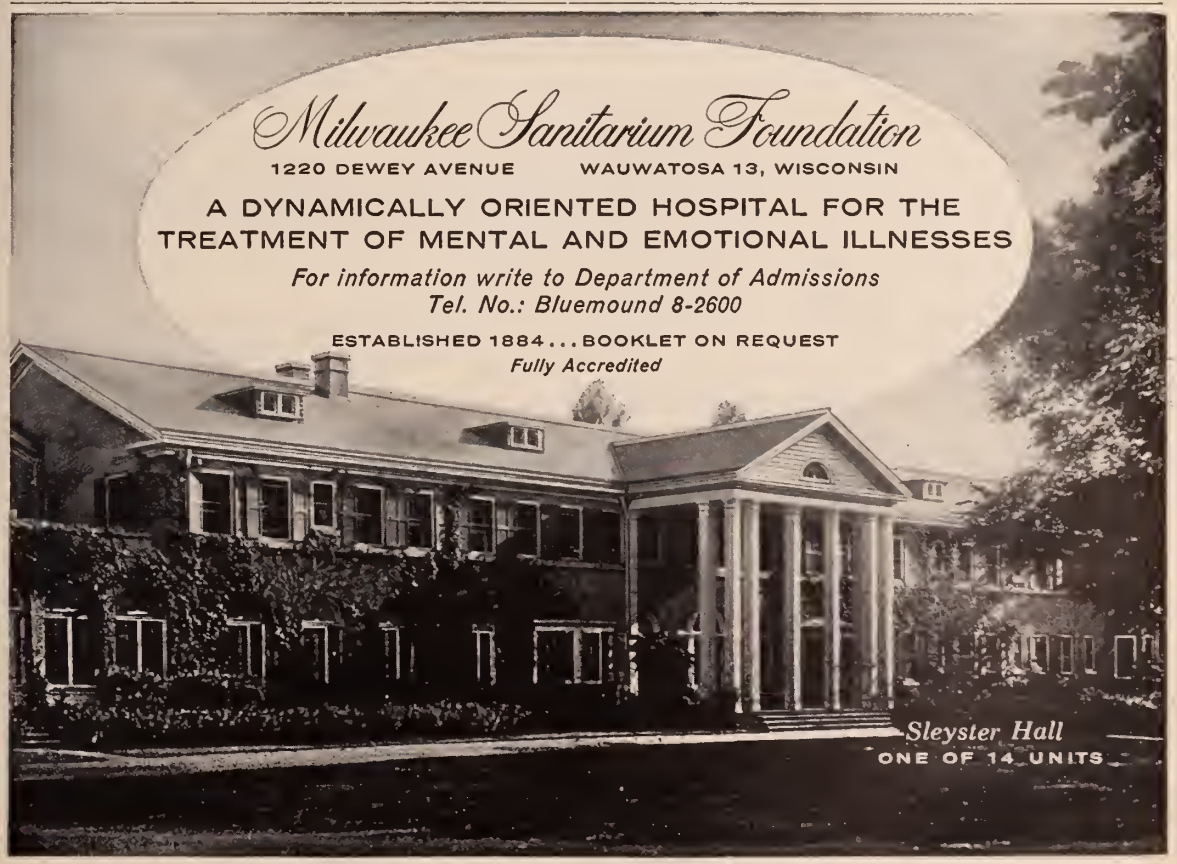
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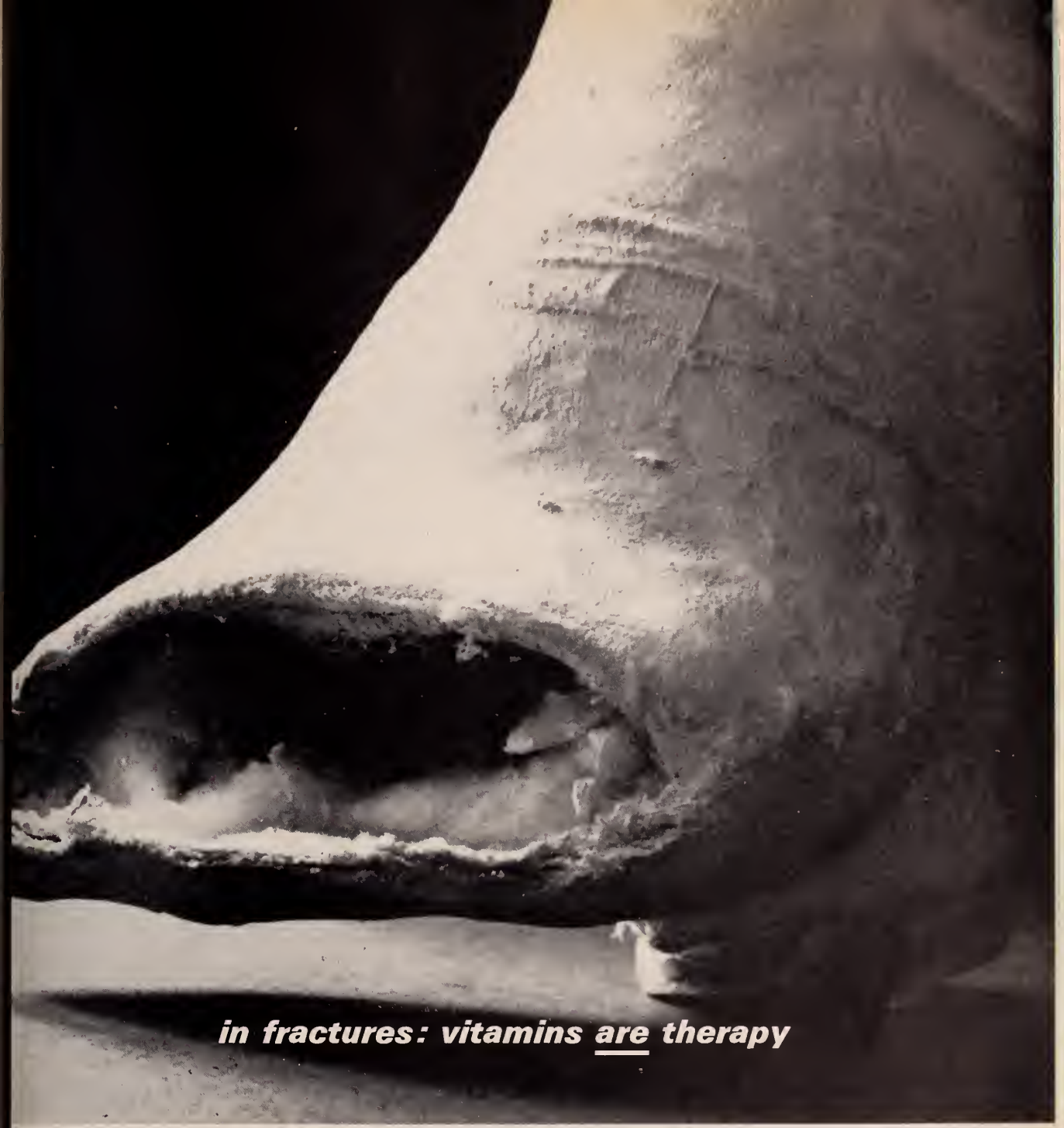
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"Yes," contends Chicago obstetrician Frederick H. Falls (pictured), basing answer on 8-point program of care, accurate reporting of cases. Diagnostic check-points are illustrated on tear-out page for permanent reference. See page 135.



VOLUME 123, NUMBER 2 FEBRUARY, 1963

IMJ

Illinois Medical Journal

OFFICIAL JOURNAL OF THE ILLINOIS STATE MEDICAL SOCIETY

Illinois Medicine: At Work For State Health

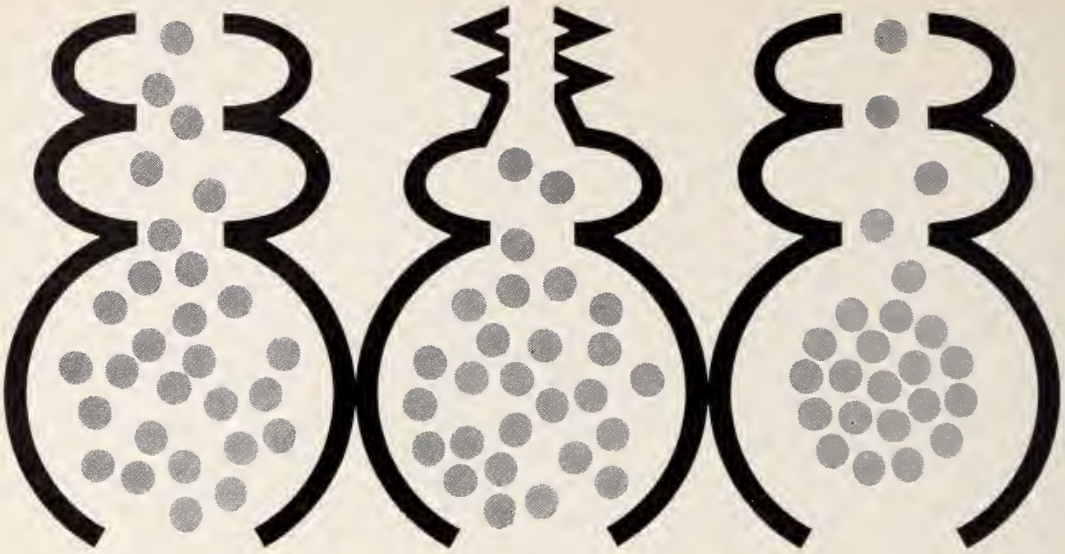
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lowers motility | relieves cramping | stops diarrhea

LOMOTIL® Antidiarrheal tablets and liquid

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Traditionally the most effective means of slowing excess intestinal motility in diarrhea and so of relieving the disorder have been the opium derivatives. Now Lomotil makes available an antidiarrheal agent[1] of greater therapeutic efficiency than morphine.

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The high therapeutic efficiency of Lomotil, its safety, convenience and economy may be used to advantage in acute or chronic diarrhea.

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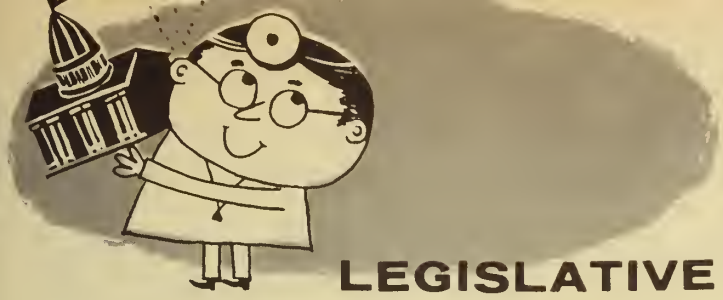
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1. Janssen, P. A. J., and Jageneau, A. H.: A New Series of Potent Analgesics: Dextro 2:2-Diphenyl-3-Methyl-4-Morpholino-Butyrylpyrrolidine and Related Amides. I. Chemical Structure and Pharmacological Activity, J. Pharm. Pharmacol. 9:381-400 (June) 1957.
2. Cayer, D., and Sohmer, M. F.: Long-Term Clinical Studies with a New Constipating Drug, Diphenoxylate Hydrochloride, N. Carolina Med. J. 22:600-604 (Dec.) 1961.

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LEGISLATIVE LISTENING POST

ISMS IN WASHINGTON

Over 50 members of the State Society, the Auxiliary, IMPAC and others met with their Congressmen and took part in the Public Affairs Conference of the U. S. Chamber of Commerce in Washington last month. Highlights of the trip included briefing on national health issues by Surgeon General Luther Terry and legislative issues by the AMA Washington staff, personal visits with Congressmen and a reception and dinner for the Illinois Senators and Representatives.

These visits have immeasurable value--impressing lawmakers with the concern organized medicine has for forthcoming legislation. All physicians should take advantage of this groundwork and follow-up by writing their Congressmen of their views, or more significantly seeing them when they return to their districts during the Easter recess.

NATIONAL LEGISLATIVE SCENE

Kerr Loss Felt

The death of Senator Robert Kerr (D.-Okla.), an opponent of giant federal power, has seriously affected the physician's cause in opposing federal medicine. Senator Pat McNamara (D.-Mich.), now takes over dispensing much of the patronage formerly handled by Senator Kerr. Senator McNamara's views in favor of King-Anderson type legislation are well known. The addition of two liberals to the House Ways and Means Committee, Ross Bass (D.-Tenn.) and W. Pat Jennings (D.-Va.) to replace conservatives James B. Fraser and Burr Harrison, makes the task more difficult. The Ways and Means Committee is the first line of defense against Federal Medicine.

Medicare Debate Uncertain

Timing on the debate over Medicare is uncertain. It is probable that the tax debate will take up much of the time until May when an administration medicare proposal may be introduced. Many believe, however, that the administration will wait until 1964, an election year, before bringing up the hot issue. Physicians should be alert for a showdown at anytime after May.

On the Brighter Side

Not all the news is pessimistic. Doctors are becoming more and more active in public affairs and their opinions are being recognized by the politicians. Although the administration would have the public believe otherwise, Kerr-Mills is doing the job of caring for the needy aged. In Illinois during the first 15 months of operation Kerr-Mills has provided care to more than 6,000 of the over 65. By the end of the biennium more than 9,000 persons will have benefited at a cost of 6.3

million. Under Kerr-Mills, unlimited hospital care (not just limited to 90 days) is provided. Hospital bills as high as $5,200 have been paid for individual illnesses thus far.

Joint efforts between hospitals, doctors and the Public Aid Commission are underway for liberalizing the benefits so that those who really need help can receive it.

ON THE STATE LEGISLATIVE SCENE

Bills Currently Being Considered

As of January 30, 191 bills were introduced in the Senate and 113 in the House. Much of the Assembly's time will be spent in debating the judicial amendments and in reapportionment. Bills to plug the tax loopholes have been first in the order of business. Of direct medical interest are bills to: S15--Require front seat belts in all new cars sold in Illinois; S124--Appropriate one million dollars for a hospital to care for narcotic addicts; H5-6--Prohibit sale of lead paint for use on furniture and toys; H92--Appropriate $10,000 for a commission to investigate medical and hospital costs.

Committees To Know

Bills affecting medicine will usually be the jurisdiction of the Senate Public Welfare Committee headed by Robert Canfield (R) of Rockford and the House Public Aid, Health, Welfare and Safety Committee headed by William Robinson (R) of Chicago. Doctors should get to know the personnel of these committees.

Senate Committee:

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Harris W. Fawell (R), Naperville
Richard R. Larson (R), Galesburg
Lillian E. Schlagenhauf (R), Quincy
William L. Grindle (D), Herrin
William Lyons (D), Gillespie
Fred J. Smith (D), Chicago
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Robert F. Hatch (R), Chicago
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Arthur R. Swanson (R), Chicago
Thaddeus L. Kusibab (D), Chicago
Paul Simon (D), Troy

The House Committee:

William H. Robinson (R), Chairman, Chicago
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Published monthly by the Illinois State Medical Society, 360 N. Michigan Avenue, Chicago 1, Ill. Subscription $5.00 per year, in advance, postage prepaid, for the United States, Cuba, Puerto Rico, Philippine Islands, and Mexico. $7.00 per year for all foreign countries included in the postal union. Canada, $5.50. Single current copies available at cost of 75 cents.
Second class postage paid at Chicago, Illinois. POSTMASTER: Send notices on form No. 3579 to Illinois State Medical Society, 360 N. Michigan Ave., Chicago 1, Ill.
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Manuscripts should be submitted in duplicate, an original and one carbon, typed double-space. An article should not exceed 4,500 words. References should contain in order: name of article, name of publication, with volume, page, month (day of month if weekly) and year. Photographs submitted should be black and white glossies. Number, indicate top, and place author's name on back of each illustration. Original articles must be submitted only to IMJ.

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Abstract of Board Actions

Meeting of January 13, 1963

TYPE III SABIN VACCINE APPROVED

Dr. Ralph Kunstadter, Chairman of the Child Health Committee, reported his Committee's recommendation that Type III Sabin Oral Vaccine be approved for use on a community basis in those areas where oral polio vaccine programs have been initiated.

The Committee continues to recommend the use of the Salk killed virus vaccine with periodic booster immunizations and the use of Type I and II Sabin oral vaccines.

KEOGH RETIREMENT INVESTMENT PROGRAM AUTHORIZED

The Board reaffirmed instructions to the Committee on Medical Economics to prepare a group program on retirement and investments, to accommodate establishment of a program under the Keogh Bill (HR-10). This supports the position that a plan custom-made for the Illinois physician would be more advantageous than a national plan. Details will not be finalized until the Treasury Department issues regulations (anticipated in June). Ability will be provided to participate in a bank trustees plan with option to purchase securities and insurance annuities. Group participation will result in reduced investment and administration service fees. Doctors should not be in a hurry to invest as they have until December of 1963.

GROUP DISABILITY INSURANCE APPROVED

The Board adopted the recommendation of the Insurance Subcommittee to offer full group sponsorship to the present non-sponsored loss of time insurance plan underwritten by Commercial Casulty of Newark, New Jersey and administered by Parker, Aleshire Agency. Special features of the new plan are: 1. An option to buy lifetime accident and non-confining sickness benefits to age 65 with weekly indemnities up to $250 ($1,083 per month); 2. increase in maximum weekly indemnity for all options to $250 ($1,083 per month); 3. senior conversion plan with accident sickness benefits extending to age 75; 4. reduction in premiums for many of the present policy holders; and 5. guaranteed retention percentage which may offer future bonuses or lowered premiums depending upon the group experience. The program now becomes a true group program. Details will be announced to all members soon.

DRUG FORMULARY FOR IPAC COMPLETED

The report of the Ad Hoc Committee on Drug Formulary of the IPAC announced completion of the formulary. It classifies drugs generically and lists prescription quantities and other recommendations for the guidance of physicians in prescribing for IPAC cases. The formulary will receive consideration by the Illinois Pharmaceutical Association and is subject to the approval of IPAC. By official action the Ad Hoc Committee will continue its study and make further refinements in the formulary; it will act as a subcommittee of the Advisory Committee to the IPAC.

IPAC ADVISORY COMMITTEE ON FAMILY PLANNING APPROVED

By official action, the Board of Trustees approved the appointment of a special subcommittee composed of physicians expert in the field of obstetrics and gynecology for further study of the medical aspects of family planning as a preventive medical service for IPAC cases.

IMMUNIZATION FOR CHILDREN ON PUBLIC ASSISTANCE

The Committee on Child Health recommended that funds be made available for the immunization of children on public assistance in Illinois, where county or local health departments are not in existence. Private physicians would then volunteer to act at a fee recommended by the Medical Advisory Committee to the IPAC.

MEDICAL MUSEUM PLANNED FOR ILLINOIS

The Board authorized establishment of a Medical Museum for Illinois directed by a special committee under the chairmanship of Dr. Emmet Pearson. The Committee is investigating the possibility of obtaining space in the old state capital building in Springfield.

PERINATAL MORTALITY SURVEY

Dr. Willard C. Scrivner, reporting for the Committee on Perinatal Mortality, stated that the group is cooperating with hospital staffs throughout the state and with public health officers. The work is divided into geographic areas with all perinatal deaths in hospitals being surveyed with the aim of reducing infant mortality.

LOCAL PERSUASION URGED TO ACHIEVE RADIATION SAFETY

The Committee on Radiation has recommended additional methods to deal with physicians who do not cooperate with the State Department of Public Health on radiological hazards. They recommended upon receipt of a letter from the Director of the State Department of Public Health, the Chairman of the Committee write directly to the president of the local medical society and trustee of the district asking his cooperation in using local persuasion to achieve the necessary corrections.

PUBLIC RELATIONS REPORTS MEDIA GAINS

As reported in the PULSE, this issue, the Committee on Public Relations announced that ISMS has received about one half million dollars in radio, TV and newspaper space in the past year.

ANNUAL MEETING IN DECEMBER?

The Committee on Scientific Assembly will conduct a survey of all county medical societies in the state to determine whether an annual State society meeting held in December would be more advantageous.

FILM ON AGING TO BE SHOWN NATIONWIDE

Dr. E. W. Cannady reported as Chairman of the Committee on Aging that the committee-produced film on stroke rehabilitation will be presented at the third national conference of the Joint Council to Improve the Health Care of the Aged, May 2-4, in San Francisco.

NEW PAMPHLET FOR AGING AUTHORIZED

The Board of Trustees authorized the Division of Medical Economics to prepare a pamphlet on the available methods of financing medical care for the elderly in Illinois. This will include information regarding available insurance plans and what older persons should look for in the purchasing of such insurance.

DISASTER MANUAL READY

Dr. Max Klinghoffer, chairman of the Committee on Disaster Medical Care, reported that the handbook for hospitals on disaster medical care is now available. He also reported that he is appearing on several TV shows to instruct the public in this phase of medical care. (See the PULSE for further information).

ISMS Economy Jet Tours!



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MEDITERRANEAN AREA

The Illinois State Medical Society is sponsoring a unique program of travel to Europe this summer (1963) at the low group fare recently approved by the Civil Aeronautics Board. ($380.00 Chicago-London-Chicago)

The planned departure from O'Hare International Airport, Chicago, will be July 25, Thursday, returning August 15, Thursday. Transportation will be by Pan-American World Airways DC-8 jet. Non-stop service.

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Six suggested areas of travel are offered for your consideration. You are asked to indicate your preference for (1) conducted personalized programs or (2) independent arrangements. Naturally, costs will vary according to your group or independent itineraries.

Space is limited to 140 passengers, please indicate your preference on the coupon below as soon as possible. Reservations will be on a first come, first served basis.

All arrangements (air and land accommodations) *must* be made through the ISMS office and coordinating travel agent to insure proper allocations.

Eligibility — Members of the Illinois State Medical Society, component county associations, dependents and employees of said associations.

A joint clinical conference is planned for the ISMS with the British Medical Association for July 27. If you are interested in such a program also indicate on the coupon.

See Page 192 in THE PULSE For Inquiry Coupon ⟶



AS I SEE IT FROM '360'

By Robert L. Richards
Executive Administrator

Illinois—Medical Center of the World

IMJ This Month Highlights some of the important medical activities taking place in Chicago and throughout Illinois. While these activities contribute importantly to the health of the state, the nation and the world, they represent only a small portion of the total energy expended for medical achievement in our state. A complete record of these efforts far exceeds the space limitations of this Journal.

Even this partial record, however, indicates that Illinois medicine in action is one of the most potent forces ever unleashed against human suffering and disease. This force is rapidly propelling Illinois into the position of the world's medical center.

Virtually every physician in Illinois, whether engaged in research, teaching, or active practice, can help Illinois achieve this vaunted position — through membership in the Educational and Scientific Foundation of the Illinois State Medical Society.

The Foundation has been established to develop professional, educational and scientific research projects where assistance is needed or improvement can be made in the practice of medicine. The Impartial Medical Testimony Project, described elsewhere in this issue, illustrates the type of vitally important program with which the Foundation is concerned.

Success for the Foundation rests in large measure upon the support it receives from physicians and laymen. On January 13, the Board of Trustees of the Society pledged to support the Foundation in the amount of $100 for each Trustee — an uncontestable expression of confidence in this new project. During 1963, any physician contributing $100 to the Foundation will be accepted as a Founding Fellow. A non-physician contributing this amount will be accepted as an Associate Fellow.

It is the hope of the Board of Trustees of the Society, the Board of Directors of the Foundation, and my own personal wish that every Illinois physician support the Foundation — and invite his non-physician friends and associates to do the same.

The Foundation's theme is "Let's Give Medicine a Larger Voice," adopted from the title of an editorial appearing in IMJ for January. Through active support of the Foundation by Illinois physicians, that voice may one day pronounce Illinois "Medical Center of the World."

Complete information concerning Foundation membership can be obtained by contacting Mr. William Riddle, Project Coordinator, at 360 N. Michigan, Chicago Illinois (phone STate 2-1654); or Jacob E. Reisch, M.D., Secretary-Treasurer, 1129 S. Second Street, Springfield, Illinois (phone LA 7-7373).



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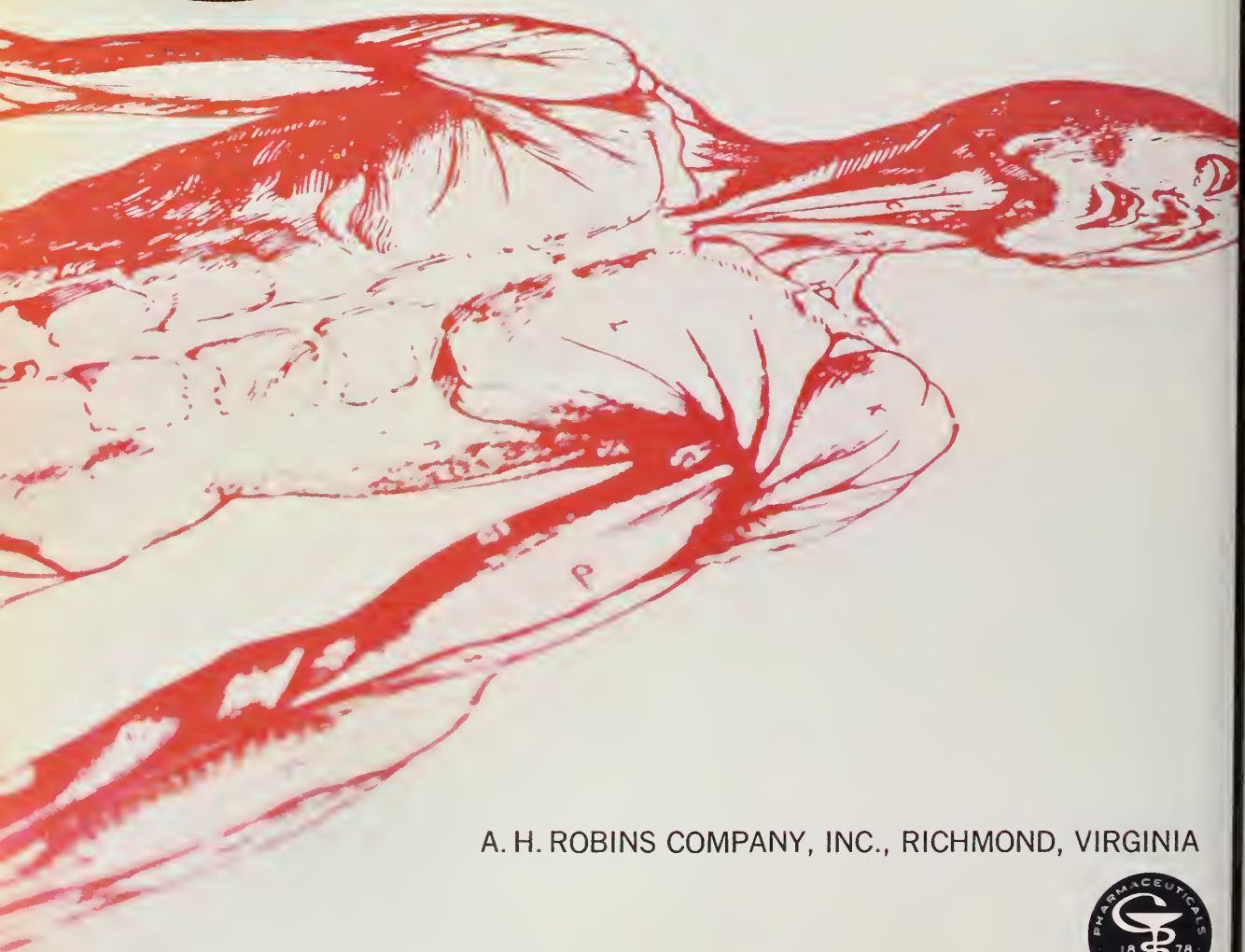
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PHARMACEUTICALS 18 78 RESEARCH

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Because it acts so promptly, often within a few hours, Skelaxin is specifically recommended for the first treatment of acute muscle spasm associated with sprains and strains, fractures, dislocations, and other acute conditions. Results of clinical tests are impressive. In 595 patients with acute disorders, a favorable clinical response was observed in 507, or 85%.

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How Skelaxin works...

Metaxalone has been studied pharmacologically since 1958. Clinical trials began about a year later. These investigations indicate that Skelaxin blocks reflex spasm and spasticity by suppressing nerve impulses in polysynaptic pathways, primarily in the spinal cord and to a lesser degree at supraspinal levels. It helps restore normal muscle tone without altering posture or gait and without producing sedative, hypnotic, or tranquilizing side effects.

For your prescription...

Robins' metaxalone is available in 400-mg. tablets, in bottles of 50 and 500 tablets.

Skelaxin® metaxalone, 400 mg. per tablet

A. H. Robins Company, Inc., Richmond, Va.

prescribing information:

dosage: For Skelaxin, two tablets t.i.d. or q.i.d. for not longer than 10 days. Dosage for children (6 to 12 years) should be adjusted according to body weight.

side effects: In 1502 patients given daily doses of Skelaxin ranging from 1200 to 9600 mg., 10.5% experienced side effects. These were generally mild, with nausea or gastrointestinal upset being most frequent. Only 0.5% experienced vomiting attributable to the drug, however. Other effects infrequently noted were drowsiness, dizziness, headache, nervousness or "irritability," and a hypersensitivity reaction of light rash. All cleared promptly upon withdrawal of the drug.

precautions: Variations in white cell count and hemoglobin levels have been reported in a few patients. Therefore Skelaxin therapy for more than 10 days is not recommended. A drug relationship was indicated in one of four cases of leukopenia reported in 360 Skelaxin-treated patients. In all cases followed-up, the WBC returned to normal after discontinuance of Skelaxin.

One instance of hemoglobin depression (less than 10 Gm.) which may have been drug-related was reported, in 306 patients; a return to an essentially normal level followed the discontinuance of medication.

One case of jaundice has been reported. Elevation of cephalin flocculation tests in several instances were not paralleled by changes in other liver function parameters. Urinalyses in 280 patients were essentially normal; false positive Benedict's tests, due to an unknown reducing substance in the urine, were reported in 9 patients.

contraindications: Do not administer to patients with known tendency to drug-induced anemia, or give to them only under careful supervision. Not recommended for use during pregnancy.

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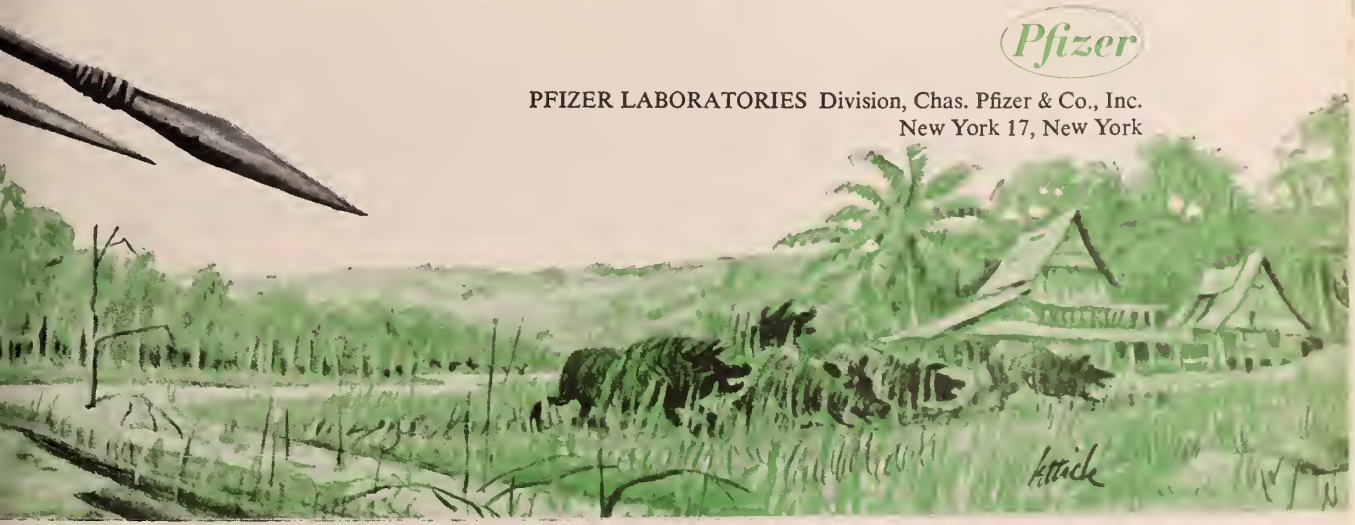
Tsutsugamushi, or scrub typhus, was responsible for incapacitating nearly 7,000 American soldiers during World War II. This disease is prevalent in areas overrun by jungle rats infested with mites carrying *Rickettsia tsutsugamushi.* Symptoms include a primary lesion at the site of the mite-bite, fever reaching as high as 105°, and a cutaneous rash. Injected conjunctivae, deafness, delirium and racking cough mark the advance of the disease. Mortality rates as high as 60 per cent have been reported. Terramycin is one of the antibiotics of choice for rapid and effective control of the acute stage of the infection. Patients become afebrile and virtually asymptomatic 24 to 36 hours after beginning treatment.

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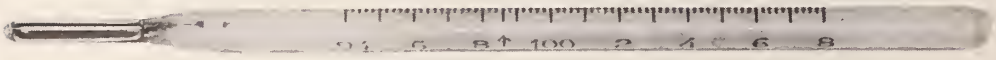
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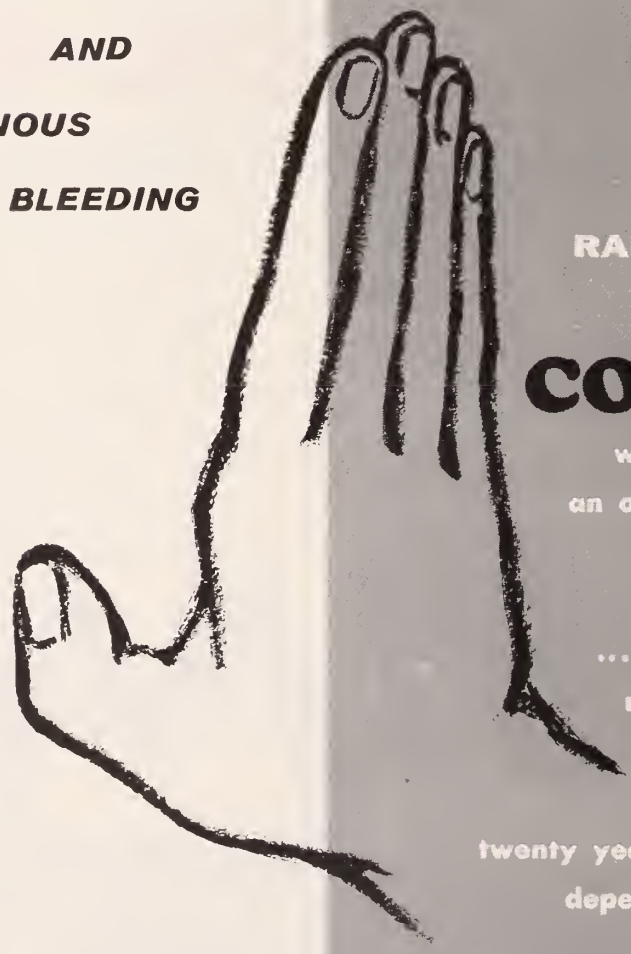
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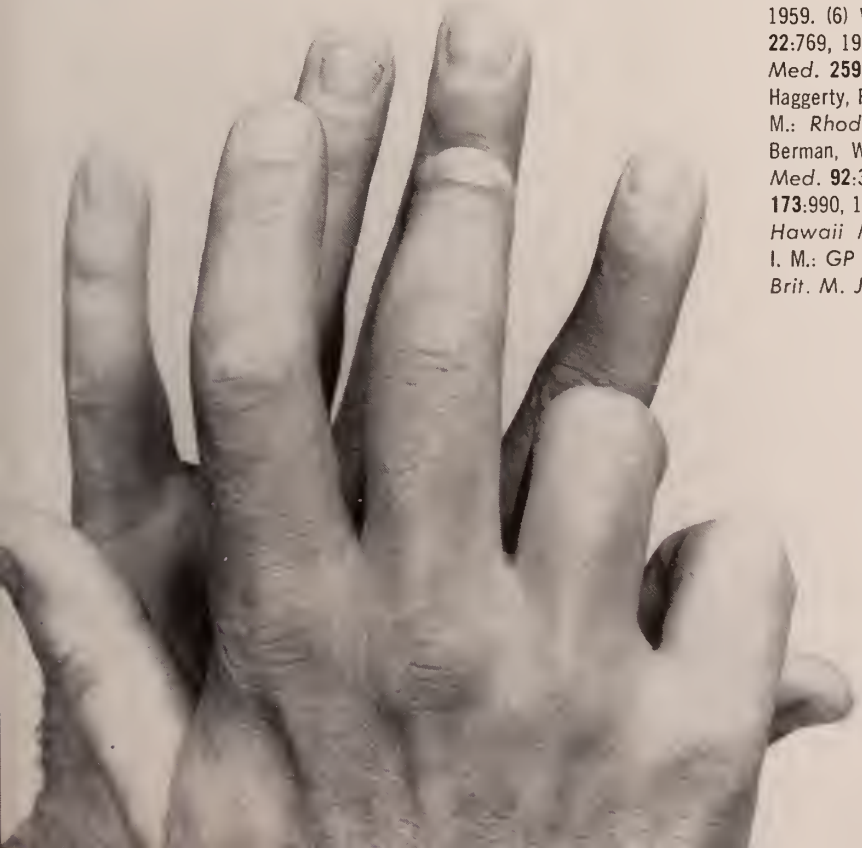
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References: (1) Thacher, H. C., & Fishman, L.: *J. Maine M. A.* **52**:84, 1961. (2) Hopkins, E. W.: *Postgrad. Med.* **29**:451, 1961. (3) Hall, W. H.: *M. Clin. North America* **43**:191, 1959. (4) Krugman, S.: *Pediat. Clin. North America* **8**:1199, 1961. (5) Ede, S.; Davis, G. M., & Holmes, F. H.: *J.A.M.A.* **170**:638, 1959. (6) Wolfsohn, A. W.: *Connecticut Med.* **22**:769, 1958. (7) Calvy, G. L.: *New England J. Med.* **259**:532, 1958. (8) Hendren, W. H., III, & Haggerty, R. J.: *J.A.M.A.* **168**:6, 1958. (9) Cutts, M.: *Rhode Island M. J.* **43**:388, 1960. (10) Berman, W. E., & Holtzman, A. E.: *California Med.* **92**:339, 1960. (11) Vetto, R. R.: *J.A.M.A.* **173**:990, 1960. (12) Sia, C. C. J., & Brainard, S. C.: *Hawaii M. J.* **17**:339, 1958. (13) Rosenthal, I. M.: *GP* **17**:77 (March) 1958. (14) Gaisford, W.: *Brit. M. J.* **1**:230, 1959.

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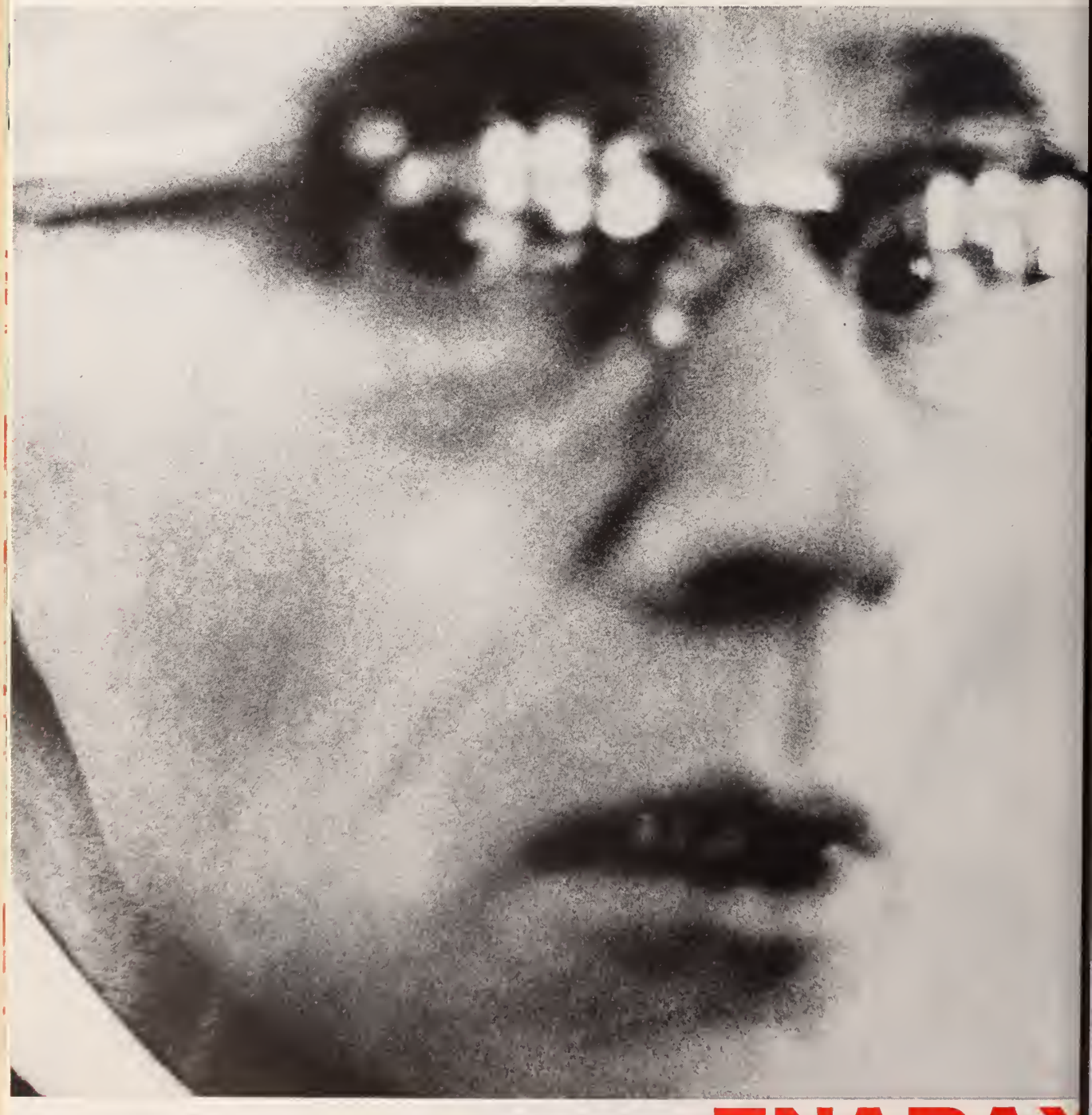
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*Sandweiss, D. J.: Peptic Ulcer, Philadelphia, W. B. Saunders Co., 1951, p.
**Smith, L. A., and Rivers, A. B.: Peptic Ulcer, New York, Appleton-Century-Crofts, Inc., 1953, p.

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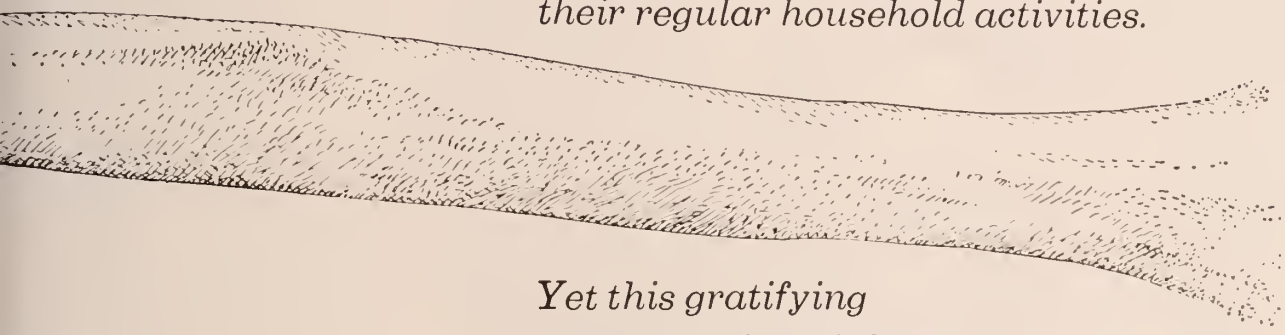


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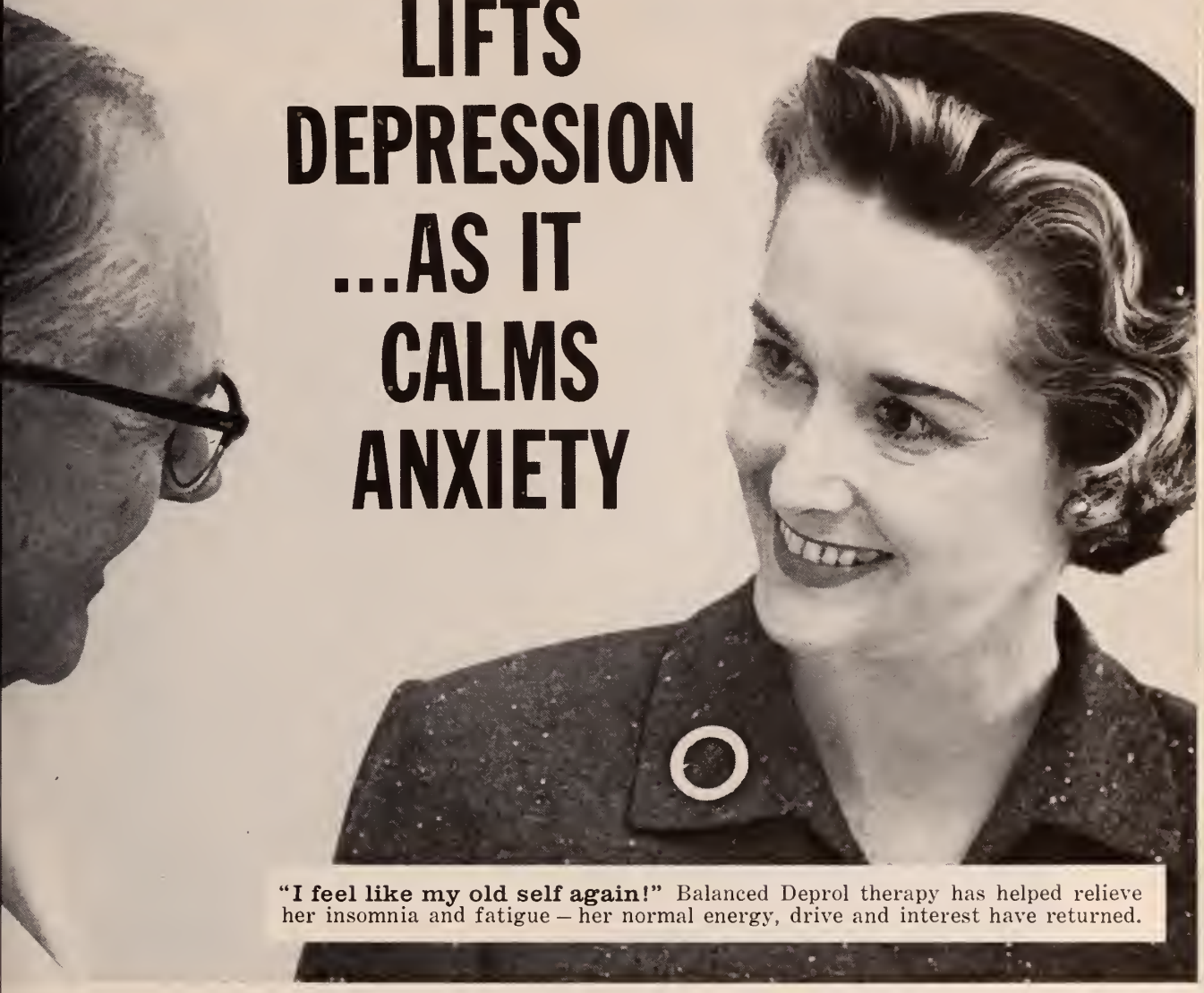
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1. Borota, A., and Grinell, R. N.: J. Amer. Geriatrics Soc., 10:413, 1962.
2. Spoor, H. J.: N.Y. State J. M. 58:3292, 1958.
3. Lubowe, I. I.: Western Med. 1:45, 1960.
4. Weissberg, G.: Clin. Med. 7:1161, 1960.

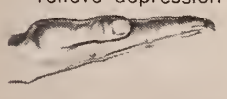
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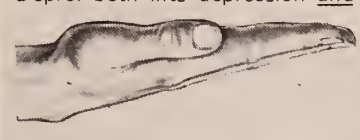
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Supplied: Bottles of 50 light-pink, scored tablets.

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Caution: Do not administer NEPHENALIN with epinephrine. The two medications may be alternated at 4-hour intervals. NEPHENALIN should be administered with caution to patients with hyperthyroidism, acute coronary disease, cardiac asthma, limited cardiac reserve, acute myocardial damage, and to those hypersensitive to sympathomimetic amines. Phenobarbital may be habit forming. THOS. LEEMING & CO., INC., New York 17, N.Y.

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they never even had a chance to complain about the cost of drugs

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Sometimes, you will see evidence of entire families being struck down almost simultaneously. You wonder, was it influenza? Diphtheria? Infectious diarrhea? Or a host of other diseases whose very names were synonymous with terror?
You will see, "Died, age 22 – childbirth."

There are many reasons why you don't see a continuation of these tragic stories today – not the least of which has been the dedication of American physicians and the quality of medical education. And another, we sincerely believe, has been the quality of medicines which have been made available.

Yet, the value of independent drug research has been seriously challenged – research which has, in the past 30 years alone, helped to add nearly 10 extra years to the average lifespan in the United States. Yet, because the cost of the search must be reflected in the price the patient pays for a prescription, is it too expensive to continue? Unfortunately, perhaps those who might have the best answer can offer only silent testimony.

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Medicine and the State Government: Partners in Progress

Otto Kerner, *Governor of Illinois*



The Medical Profession and State Government in Illinois have an all too rare opportunity to become partners in medical progress. In the important area of mental health, this partnership already is being realized.

Immediately after Dr. Francis J. Gerty assumed the directorship of the newly created Department of Mental Health, the citizens of Illinois approved a $150 million bond issue to improve Illinois' mental health facilities. Since the beginning of this administration, and under Dr. Gerty's guidance and wisdom, significant advances already have been made:

1. Twenty-six bills have been introduced and passed to create the Department of Mental Health. Revision of the Bond Issue Referendum was advertised to enable us to district the State for the heart of our new program — community centered, comprehensive and coordinated mental health services.

2. During the last biennium, mental health received the largest budget in its history. Despite the fiscal restrictions which we were compelled to impose a year ago, the Department was able to reclassify and upgrade several of the key categories of professional employees, and to increase its staff by 1,200 full-time and part-time employees.

3. On February 8, 1962, ground was broken for an $11.5 million State school for the mentally retarded at Centralia. This spring ground will be broken for a second facility at Harrisburg. Provision has been made for the establishment of six community mental health clinics throughout Illinois so that no Illinois citizen will be more than 90 minutes away from mental treatment.

4. This year, starting in April, will see ground breaking ceremonies take place for five of the six community mental health clinics. New buildings and facilities are being constructed at Lincoln State School, Manteno, Peoria and Tinley Park State Hospitals, and also Alton, Anna, Chicago, Dixon, East Moline, Elgin, Children's Hospital-School, Illinois Eye and Ear Infirmary, the Visually Handicapped Institute and the Soldiers' and Sailors' Home.

During this current session while progress continues in other areas of mental health, we will devote considerable attention to strengthening our Mental Health Code. While our Code is in many respects one of the country's finest, there are still several important areas involving commitment procedures where legislation is necessary if our laws are to keep pace with our other progress. Over 10 years of experience with the present commitment procedures convince me that we must take a closer look at the distinction made between the commitment of persons as "mentally ill" and those who are "in need of mental treatment."

This distinction has proved to be unworkable. It tends to perpetuate the myth that there is some inherent connection between mental illness on the one hand and legal competency to deal with one's property and manage one's affairs on the other. These two issues involve very different questions and should be a subject of separate consideration where each issue can be judged on its own merits.

Another area involving the Mental Health Code in which legislation will be introduced involves *broadening the range of commitment.* We need more up-to-date procedures for hospitalization of persons suffering from mental illness without the stigma and trauma of formal court proceedings.

Finally, the *civil rights of mental hospital* patients is a no-man's land of vague statutory references and case law. In this day and age — when we all take for granted such basic rights and liberties as the right to vote, to marry, to serve on juries, to enter into contracts, to use the mails, to enjoy freedom of speech and to drive a motor vehicle — it is imperative that these rights and liberties are not summarily or unnecessarily taken from persons hospitalized for mental illness. The legal question involved in the existence or impairment of these and other civil and property rights must be dealt with by the enactment of clarifying legislation.

The problem of establishing a fair and equitable program for determining charges against the patients in the various State hospitals and their relatives has long been a perplexing one. In the fall of 1961, I convened a Governor's Conference at which officials of the Department of Mental Health and representatives of State commissions and numerous voluntary organizations concerned with mental illness and retardation worked tirelessly to produce a thorough revision of the State's Patient Pay Plan. The results of this Conference are indeed heartening and received the approval of those groups representing parents and families of the patients, who also participated.

Under the new proposed Pay Plan, the hardship of lifetime financial responsibility will be eliminated; in other respects the financial burdens on patients and their relatives will be considerably lessened; and discriminations which now exist will be eliminated. Moreover, these forward-looking reforms will be accomplished with a net gain in revenue to the State's Mental Health Fund, which supports the important research, training and education programs of the Department of Mental Health.

Before leaving this important subject, I cannot thank enough the countless number of men of the medical profession who in any number of capacities have made our brighter tomorrow in mental health possible.

The second area in which the medical profession and State Government can form a truly enterprising partnership is in the whole field of public health.

Here again you have given to us a man of remarkable stature — Dr. Franklin Yoder, our Director of Public Health.

The effort Dr. Yoder's department has expended in licensing and controlling migratory labor camps is well known. In the first year, 293 camps were licensed to bring these families who follow the harvest and work the long summer daylight hours a vastly improved measure of health and housing facilities.

In addition, with the 1962 passage of the Public Works Acceleration Act, Public Health was given charge of hospital and medical care facility projects in areas with substantial unemployment and problems of economic development.

The Department has already developed eight projects and expects to develop eight to ten additional projects in the early stages of this year.

And when we speak of unemployment, we think of ways in which we can foster the growth of our State's economy. In this area we have a magnificent opportunity to develop a working partnership that can do more than bolster our economy — provide jobs — reduce unemployment and public assistance rolls. In short, we can make Chicago and Illinois the medical capital of the world. It sounds fantastic, but we are blessed with great medical schools, research centers, and some of the best medical talent in the world.

As you have often heard, our State lacks its share of research and development contracts. Tomorrow's world of lunar landings demands that man must, in order to arrive and return, have knowledge of his medical needs in space. With our facilities we could become the medical center of that new age.

Such a development would open up thousands of technical positions to assist this effort. As these jobs increase, the necessity of more and more service jobs would open up.

I know the medical profession of Illinois shares an awareness of these opportunities with this administration. This is an opportunity to do something unique and enduring — something that will enable us to bridge the gap between science and sociology — stamping this endeavor with an indelible mark of greatness.

In early April, Chicago will participate in a month-long Space observance. The world will be looking on. Let us show it that in this era of rapid change, an opportunity need come to us but once.

IMJ

Illinois Medical Journal

volume 123, number 2 february, 1963

illinois medicine vs. ***ECLAMPSIA***

Can Illinois Prevent Maternal Mortality from Eclampsia?

Frederick H. Falls, M.D., *River Forest*

A simple, 8-point procedure of obstetric care plus the cooperation of all Illinois physicians in reporting eclampsia symptoms can result in successful prevention of mortality from this condition in Illinois within a year, Dr. Falls asserts.

The Illinois Obstetrical and Gynecological Society believes that preventing maternal mortality from eclampsia is not only possible, but that relatively simple measures sponsored by its Toxemia Committee will bring about the desired result within a year if cooperation in this piece of clinical research can be enlisted from obstetrical patients and their medical attendants.

For many years this disease has been the second most common cause of maternal death in this and in the other states; hence the importance of finding the answer to this question can hardly be overemphasized.

The condition has been termed "The Disease of Theories." Williams lists thirteen theories in his textbook, none of which he accepted as wholly satisfactory. Despite this aura of uncertainty created around the etiology of the disease, improvement in the prenatal care of pregnant women in Illinois in the past 50 years has significantly reduced its incidence and fatality.

As an example, the mortality from eclampsia for many years had varied from 25 to 30 per cent at the Cook County Hospital. With the establishment of a prenatal clinic the mortality dropped to 18 per cent almost immediately. With the establishment of a toxemia clinic segregating these prenatal cases, keeping them under supervision and giving proper advice, the mortality dropped to 2.5 per cent.

From 1921 to 1926 there were no deaths from this disease at the University of Iowa because they had a relatively small number of cases

Professor Emeritus and Former Head, Department of Obstetrics and Gynecology, University of Illinois College of Medicine; Former Chairman, Maternal Welfare Committee, Illinois State Medical Society; Chief of Obstetrics-Gynecology, West Suburban Hospital.

composed principally of unwed mothers who lived in a patients' dormatory and served as our outpatient clinic during the last half of pregnancy. They were examined by an instructor and senior medical students twice a week and hospitalized for treatment and observation if any serious symptoms appeared.

During my first five years at the Illinois Research and Educational Hospital there were five deaths from this disease. In the next 23 years there were none.

Between 1928 and 1930, at Augustana Hospital, from 1930 to 1946 and Grant Hospital and from 1946 to the present time at West Suburban Hospital there have been no deaths from eclampsia of patients treated by the simple management to be described.

Residents in many instances have applied these principles of treatment in the hospitals in which they have been appointed chairmen of departments and have had the same favorable results—rather convincing evidence that the serious forms of the disease if so managed will not result in death in any large percentage of cases.

Etiology

The term "toxemia" means toxin in the blood. The first questions to be asked therefore are:

What is the nature of the toxin or toxins?

Where does it or they come from?

What damage do they do and to what organs?

We will try to answer these questions in the light of our present knowledge:

1. These toxins are protein split-products similar to those causing uremia.
2. They are derived from two sources:
   a. *Maternally*—increased metabolism in the mother as shown by an increased B.M.R.; increased proteolytic activity of the blood serum and other evidence.
   b. *Fetally*—from the fetal metabolic end-products transmitted through the normal placenta or one that has been damaged by a vascular accident, either hemorrhage or thrombosis.

In this sense all pregnant women are toxemias of pregnancy and vary only in the amount of circulating toxins in a given case. Those women who do not show clinical signs of toxemia, edema, headaches, rise in blood pressure, etc., have the ability to detoxify and excrete the toxins. Those who are classified as eclamptogenic toxemia patients, mild or severe, have lost this compensating ability in varying degree and are labeled mild or moderate toxemia or eclamptics if they go on to the convulsive state.

The other factor which increases the titre of toxin in the maternal blood is the deleterious effect which these toxins exert on the physiological mechanism which has been developed for their excretion. This in brief depends principally on the kidneys and the liver. Normally, the cells of these organs have the power to detoxify and excrete these end-products of protein metabolism. They are assisted in this function by a rise in the blood pressure stimulated by the presence of an excess of these toxins in the blood stream in the later months of pregnancy.

The most significant pathologic findings are the damage to the renal cortical cells and the degenerative changes in the liver cells found at the periphery of the liver lobules associated with portal vein thrombosis. We have therefore a vicious circle: the more toxins the more damage to liver and kidney and interference with their function of toxin excretion causing damage to the cardiac muscle, brain and pulmonary tissue decreasing their ability to function physiologically and thus help reduce the toxemia by neutralizing and excreting the toxins as they appear in the blood. This cycle must be broken by medical treatment or surgical intervention depending upon the seriousness of the intoxication and the speed with which the severe symptoms appear.

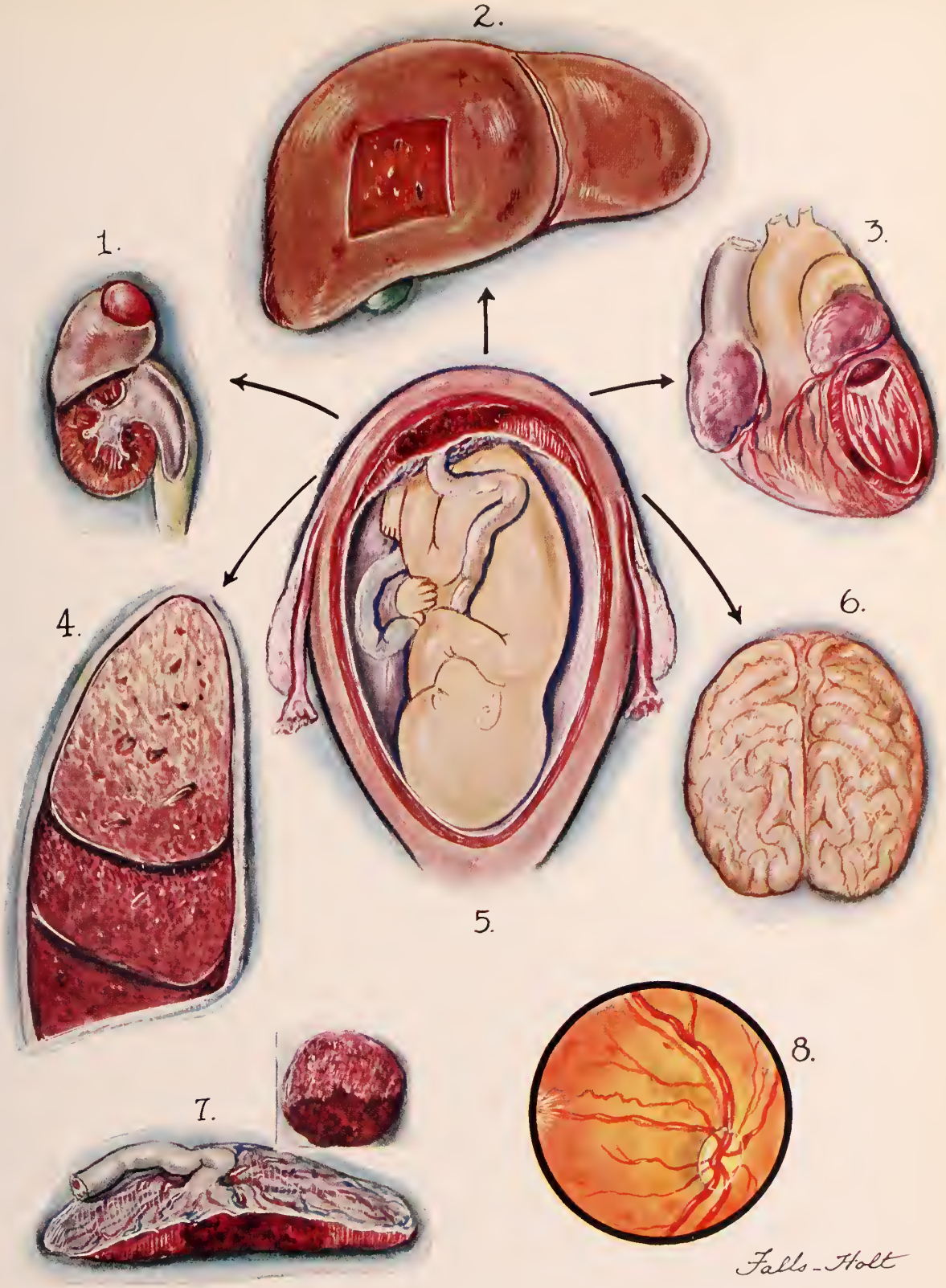
Our method of procedure is quite simple:

1. Careful appraisal of preceding kidney disease from any cause noted in the patient's history together with any obvious or occult urinary tract infection or defect in kidney function in earlier life or in previous pregnancies.

2. Careful examination to detect mild degrees of impaired renal efficiency as determined by the amount of albumin, number and kinds

▶

THE COLOR PAGE OPPOSITE IS EASILY REMOVED AND SUITABLE FOR FRAMING AS A PERMANENT REFERENCE IN THE PHYSICIAN'S OFFICE.



ESSENTIAL GROSS PATHOLOGY OF ECLAMPSIA

(1) - Glomerulonephritis (2) - Hepatitis (3) - Myocarditis (4) - Pulmonary Edema (5) - Premature Fetus - Placental Infarcts (6) - Cerebral Edema (7) - Placental Vascular Accidents (8) - Retinitis

ECLAMPTOGENIC TOXEMIA RECORD

Reporting Dr's Name _____ Address _____ Telephone _____

Mail report to P.O. Box 47, River Forest, Illinois

CASE HISTORY NUMBER					MEDICAL COMPLICATIONS		PREVIOUS TOXEMIA HISTORY	
DATE	AGE	RACE	PARA	GRAVIDA	Heart Lungs Other		Eclamptogenic Nephritis Pyelitis	Mild Severe
ESTIMATED DATE OF CONFINEMENT					EDEMA	ONSET	SYMPTOMS	TYPE OF CASE - Bl. Pressure
MONTHLY BLOOD PRESSURE RANGE 3 6 7 8 9 10 Puerperium					Local General	Gradual Fulminating	Mild Severe	Mild - Systolic 160 - Severe - Systolic 160+ Convulsion Convulsions + coma
LABOR Date SPONTANEOUS OR INDUCED Rupture of membranes Pitocin drip Pitocin intramuscular Quinine - castor oil		ONSET OF SYMPTOMS Weeks of pregnancy	OPERATION Forceps Version Cesarean section	ANESTHESIA Local General Spinal Other	MEDICAL ATTENDANT Gen'l Practitioner Gen'l Surgeon Obstetrician Midwife		OUTCOME Mother - Fetus -	
PUERPERIUM Febrile Afebrile Number of Convulsions Severity		DATE SYSTOLIC BLOOD PRESSURE REACHED 140 OR LESS	DATE ALBUMINURIA BECAME 1+ OR LESS.		6 WEEKS EXAM. Blood Pressure Systolic Diastolic Catheterized urine Albumin Casts		AUTOPSY FINDINGS Mother - Fetus -	

Sponsors : Toxemia and Tumor Committee of the Illinois Obstetrical and Gynecological Society and the Maternal Welfare Committee of the Illinois State Medical Society

FIGURE 1

Eclamptogenic Toxemia Record Card To Be Sent To Illinois Physicians

of casts, and renal function tests during pregnancy, repeated for comparison, as seems necessary.

3. Bed rest for a limited period of observation at home or in the hospital.

4. Milk diet supplemented by fruit juices with sugar, fruits and vegetables.

5. Daily blood pressure readings and albumin estimates if the pressure is above 150/90 or the albumin is 2+ or more.

6. Magnesium sulphate 1 oz. by mouth taken in morning and repeated daily if the symptoms persist.

7. As improvement occurs allow ambulation, increase protein in the diet slowly and gradually, permit more activity.

8. If improvement does not occur or if symptoms become worse under this management delivery is indicated by the most conservative method under the existing circumstances.

The practical applicability of any method of treatment is one of its most important considerations. If it will only give good results in the hands of specialists in highly organized medical environments it may be interesting but quite impractical under the circumstances and environment attending the great majority of births in this country.

If we in Illinois can, through a careful clinical research study of this important problem, provide a satisfactory answer the question which serves as the title of this paper we will have demonstrated two important facts:

1. That we know how to save mothers and babies from death due to this disease anywhere in Illinois.
2. That by collective teamwork of our own construction we can attack any obstetrical complication with reasonable hope of success.

The real importance of the study, however, is that if we can show it can be done in this large state it probably can be done with proper planning in any state.

For these reasons our committee is asking our friends and fellow practitioners for cooperation in this study, and to collect data on the results obtained by the use of a simple method of treatment in their hands which has given such good results when put to a practical test by many doctors in various institutions throughout the state of Illinois.

A letter will be sent to all doctors who are delivering babies in the state asking their cooperation in this study and indicating what data we will want in the cases reported on cards which will be furnished. These cards will be processed at a central office and kept current as nearly as possible. Finally, the data so obtained will be used as the basis of a second paper which will report the results obtained by physician cooperation with the study as compared with the control cards depicting results from other methods of treatment. We will also compare the results obtained in 1963 with those of previous years (Fig. 1).

Obviously, there will be staunch believers in other forms of treatment, who will not wish to adopt this method of management. We respect their decision to abide by what experience in their hands has given good results. We only ask these physicians to fill out the cards that we will furnish indicating the treatment used and the results obtained so that we may use these figures as controls in this study.

For further elaboration of the method and treatment technic we will supply speakers at any county medical society meeting. We will also offer consultation service by some member of the committee or his representative, free in those cases applying for aid who are referred by their physician with their recommendations.

This is a big job and deserves the support of all Illinois physicians doing obstetrics as a service to the people of this state. Its value will be directly proportional to the care that is exercised in reporting *all* toxemia cases occurring in pregnant women in 1963.

We pledge our best effort to furnish this information in our own cases and to analyze carefully the data collected and submitted by others. Based on the results of this study further advance in the obstetrical service rendered to the mothers and newborns of the state will have been made.

We, as representatives of the medical profession, can hardly afford to treat a preventable disease in such a manner that unnecessary deaths occur. The leadership in this matter is at present entrusted to our hands. Let us keep it where it belongs and refute criticisms that too often are leveled at us unjustly.

Neonatal Jaundice— A B O Incompatibility and Brain Damage

Daniel J. Pachman, M.D., *Chicago*

Hyperbilirubinemia and Jaundice often occurs in the first week of life in normal full term infants, and is especially marked in those infants born prematurely.[1] It is necessary for bilirubin to be conjugated with glucuronic acid before excretion in a soluble form by the kidney.[2] The ability of the liver of the neonate to conjugate bilirubin is diminished as a result of a transitory deficiency of a hepatic enzyme (glucuronyl transferase). This enzymatic function of the liver in the newborn may become adequate at 48 hours of age, but may be delayed for a longer time in some full term and in most immature infants.[3] The occurrence of a hemolytic process in the newborn period due to iso-immunization (Rh, ABO and other factors) adds an extra burden on the neonate's immature liver. Excessive bilirubin levels may then result which may cause damage to the infant's central nervous system.[4]

Early adequate treatment of infants with potentially dangerous bilirubin levels, by use of the exchange transfusion, has markedly reduced the incidence of severe brain damage (kernicterus).[5] It has also been demonstrated that children who have received exchange transfusions because of severe hyperbilirubinemia have higher intelligence quotients than their untreated siblings.[6]

Hemolytic disease, caused by Rh incompatibility, can usually be determined without difficulty by means of the Rh factor and Coombs (antiglobulin) test on the newborn infant's cord blood. The Chicago Board of Health recommends that all infants of Rh negative mothers have a Coombs test on cord blood and "other necessary tests."[7]

Hemolytic disease of the newborn as a result of ABO incompatibility is being reported more frequently in recent years.[8] The incidence in some hospitals of this type of iso-immunization, severe enough to require exchange transfusion, has exceeded that of hemolytic disease caused by the Rh factor.[9] In ABO incompatibility the mother's major blood type is usually O and the infant's type is A or B. The first born child may be affected (45%) and the usual Coombs test is negative or weakly positive (40%).[10]

The jaundice in infants with ABO iso-immunization may be mild in the first 24 hours and then merges with the "physiological" type of icterus which occurs on the second or third day of life. For this reason, severely jaundiced infants, whose central nervous systems are jeopardized, are often untreated or treated inadequately.

During the past few months, it has been reported that commercial flu vaccines given to blood type O individuals caused a 4 to 8 fold rise in antihuman blood group A, and A_2, titres.[11-12] This antigenic response is believed to be due to group A-like substances in either the egg in which the virus is cultured, or the diluting fluid. Springer[11] has warned against the use of flu vaccines for expectant mothers and prospective donors with type O blood. However, the U.S. Public Health Service replied that "direct correlation between increased anti-A iso-agglutinin titres and ABO hemolytic disease of the newborn is completely lacking."[12] It would appear that the problem of the use of commercial flu vaccines in expectant mothers with type O blood needs further study.

To minimize the hazards of bilirubin encephalopathy which may be associated with ABO

hemolytic disease in the newborn, the following recommendations recently made by Slotkowski[9] seem to have considerable justification:

1. The mother's blood type as well as Rh factor should be determined during pregnancy.

2. In all instances, where the mother's type is O, the newborn's blood type should then be determined.

3. If the newborn's blood is other than type O, a Coombs test, bilirubin and hemoglobin determination should then be done.

4. A cord bilirubin level above 3 mg. per cent usually indicates a hemolytic process and the possible need for exchange transfusion.

REFERENCES

1. Brown, A. K., and Zeulzer, W. W.: A. M. A. J. Dis. Child. 93:263, 1957.
2. Billing, B. H., Cole, P. G. and Lathe, G. H.: Biochem. J. 65:774, 1957.
3. Vest, M. F. and Strieff, R. R.: A. M. A. Dis. Child. 96:688, 1959.
4. Hsia, D. Y. Y., et al.: New Eng. J. Med. 247:668, 1952.
5. Hsia, D. Y. Y., et al.: J. Pediat. 42:277, 1953.
6. Day, R. L., and Haines, M. S.: J. Pediat. 13:333, 1954.
7. Andelman, S. L.: Chicago Board of Health, 1961, p. 21.
8. Smith, C. H.: Blood Disease of Infancy and Childhood, St. Louis, C. V. Mosby Co., 1960, p. 128.
9. Slotkowski, E.: Dangers of ABO Hemolytic Disease; Scientific Exhibit A. M. A. Convention (Chicago) June, 1962.
10. Zeulzer, W. W. and Cohen, F.: Pediat. Clin. N. Amer. 4:405, 1957.
11. Springer, G. F.: J.A.M.A. 182: advertising page 52 (Nov. 3) 1962.
12. PHS Replies to Critic of Flu Vaccine Safety During Pregnancy. J.A.M.A. 182: Medical News page 50, (Nov. 17) 1962.

Schistosomiasis

Gerald M. Berkowitz, M.D., *Evanston*

It has been estimated that over 100 million people in the world today are infected with the schistosome parasite.[1] Only in recent years, however, has schistosomiasis been encountered with any frequency in the continental United States, due largely to the large emigration here in recent years of peoples from endemic areas of the world.

The awareness of possible schistosomal infestation is the first step in its diagnosis. Any patient from an endemic area (e.g., Puerto Rico, northern South America, Egypt, Japan, China, Africa, and the Philippine Islands), may be infected. Hepatosplenomegaly, diarrhea, or eosinophilia are significant clues. Examination of fresh stools for the characteristic ova and rectal biopsy are highly specific diagnostic measures.

In a recent study[2] at the Veterans Administration Research Hospital in Chicago, twelve cases of schistosomiasis were diagnosed by a combination of stool examination and rectal biopsy. The majority of these patients were asymptomatic for schistosomiasis and had entered the hospital for intercurrent illnesses. Suspicion of a parasitic infestation was based on exposure in an endemic area, along with the presence of eosinophilia and, in some cases, hepatosplenomegaly.

Treatment with antimony compounds has been generally satisfactory, but chronic fibrotic changes in the liver and intestines are irreversible. Chronic malabsorption, diarrhea, portal hypertension, and esophageal varices may eventually develop if the disease is not checked.

Public health measures and molluscicides are being employed in various parts of the world to check initial infestation. In the meantime, it is important for physicians in this country to be aware that the disease may be present in anyone who has lived or traveled in endemic areas, even in the absence of symptoms. Once the disease is suspected, confirming diagnosis is relatively simple.

Fellow in Gastroenterology, Northwestern Medical School, Evanston, Illinois.

REFERENCES

1. Manson-Bohr, P.: Tropical Diseases, Cassell, London. Fifteenth Edition, 1960.
2. Berkowitz, G. M.: V. A. Grand Rounds, 17:3, 1962.

Prevention of Tuberculosis in Children

Health Supervision of Domestic Employees and its Role

Ralph H. Kunstadter, M.D., *Chicago*

Because domestic servants may represent an important source of tuberculous infection, Dr. Kunstadter believes that diagnostic x-ray of these persons should be encouraged through educational means or even made mandatory by law.

In May, 1961, the Illinois State Medical Society adopted the following recommendation of its Tuberculosis Committee: "With tuberculosis the number one public health contagious disease problem in Illinois, the Committee has devoted its efforts to *methods of locating* and treating this disease."

The eradication of tuberculosis is contingent upon case finding, isolation and treatment, and careful observation of contacts for possible subsequent infection.

In Chicago, tuberculin testing of ninth grade students has been undertaken in order to "acquaint the individual of his infection status and to determine if medical attention is needed, determine the infectivity rate of these students, discover new, previously unknown cases of infectious tuberculosis, complete epidemiological and research data important for the total eradication of tuberculosis, and create an awareness and understanding with physicians, educators, students, parents, and the general public of the extent of tuberculosis in Chicago."

This is a commendable project in attempting to "run down" tuberculosis, but it is only one approach. Most pediatricians agree that tuberculin testing should be done early, as early as the first year, and repeated annually thereafter, in heavily populated communities and in low economic areas where tuberculosis has its highest incidence. By so doing, primary infections may be treated and morbidity and mortality reduced significantly. This should be the responsibility of all physicians caring for children. Furthermore, this should be an additional means of uncovering active adult tuberculosis.

This brings me to the crux of my discussion:

In private practice, my associates and I carry on routine tuberculin testing. During the past two years, we have uncovered over 30 positive reactions in white infants, of middle to upper class families. A small percentage showed x-ray evidence of primary infection, the majority were negative. All were treated and at present are clinically well.

From a public health standpoint the problem is to locate the source of infection, isolate and treat, and find other contacts if possible and place them under medical surveillance. Who are the possible sources of infection?

(1) The immediate family including parents and relatives. (2) The casual contact. (3) Domestic employees.

Because examination of parents and relatives usually offers no problems and exposure to "casuals" is an obvious hazard, it is the last group I wish to bring into focus. We believe that the domestic employee may be a source of infection in a fairly high percentage of instances. In an occasional case, we have been able to prove this assumption; in others, by virtue of losing the employee through discharge or voluntary separation, examination has not been possible.

Almost a quarter of a century ago, McEnery[1] and Welford,[2] called attention to domestic servants as a possible source of tuberculosis exposure to children in the state of Illinois, and emphasized the need for periodic health examinations of domestics in order to prevent tuberculosis in children. Apparently, their warnings have either been forgotten or ignored to a great extent by the medical profession and, as a result, public education in this area has been greatly neglected in subsequent years.

Chairman, Child Health Committee, Illinois State Medical Society.

This article was approved for publication by Charles K. Petter, M.D., Chairman, Tuberculosis Committee, Illinois State Medical Society.

Included in the category of domestic employees are cooks, housecleaning personnel, nurses, maids, and so-called infant nurses, baby sitters, laundresses, etc. These persons are in intimate contact with the family, particularly with infants and children, often day in and day out. They are hired without proof of a clean bill of health in the majority of instances, and no clean bill of health is required by law or local ordinance. This is the "hot core" in this discussion. It is mandatory that food handlers and school teachers have annual physical examinations including x-ray of the chest among other laboratory tests; no such health regulations apply to the domestic employee.

It is a fact that a great many domestic employees reside in heavily populated, low-economic areas. It is true that steps are being taken to correct poor housing and aid medical indigency, but both programs are at the present in no way adequate. Furthermore, there is an increasing influx of "migrant workers" and unemployed from small rural areas to large cities and agricultural communities. Often, their health status is unknown.

Because of this potential health hazard, it is logical that greater efforts should be expended by public health authorities and the medical profession to educate the public and physicians to this problem, and recommend that families employing domestic help, insist upon physical examination and x-ray of the chest prior to their employment.

In addition to increased educational efforts, possibly there should be either local ordinances or state legislation making this recommendation mandatory.

In order to determine the national picture with respect to laws governing the health of domestics, through the efforts of Dr. Irving Abrams, Director, Bureau of Health Services, Chicago Public Schools, a questionnaire was sent to the directors of state boards of health of each of the 50 states, inquiring whether or not there were any health regulations existing or being planned in the state regarding domestic help employed in individual households.

There were 43 replies to the inquiry. Only one, North Carolina, has a law concerning health requirements for domestic servants.

Five states apparently have taken some interest in this problem, although no laws governing domestic help exists. Wisconsin states, "*We feel that domestic help and baby sitters are a potential source of infection for tuberculosis,* and in our campaign we encourage them to participate in our mobile x-ray surveys." In Mississippi, "examinations are encouraged but not required." In Arizona, "Most domestic help is employed in our metropolitan areas where the employer is more sophisticated and generally demands results of a chest x-ray at least." In Florida, "Occasionally, private employers insist that domestics obtain a certificate of health that is required of food handlers; this is purely a voluntary matter." In the state of New York, bills were introduced on several occasions at legislative sessions but none was ever reported out of committee." Objections were based essentially upon the probable unreliability of such examinations, the expense—of annual re-examination, including policing such a law—and the opinion that such an act would be discriminatory against the domestics.

It appears from this survey that either little interest has been shown in most states at a state level, or that attempts to introduce health laws pertaining to domestic employees has met with much opposition. Unquestionably in many states and in many communities there are, and have been, no problems in this area. However, with the population explosion and interstate migration (particularly of low economic peoples moving into agricultural centers and metropolitan areas) health of the domestic employees may be of greater significance than realized.

Thus, in the state of Illinois, and particularly in the larger cities, we should take a closer look into the health of domestics, and the justification of health laws pertaining to this group should be studied at both state and community levels. Furthermore, educational programs directed at physicians, and the public are essential. These can be accomplished through the individual and cooperative efforts of this Illinois State Medical Society, the Chicago Medical Society, and county health departments and the Chicago boards of health and education.

REFERENCES

1. McEnery, E. T.: Tuberculosis in Children. Considering Contact in the Domestic Servant, IMJ 76:559, 1939.
2. Welford, N. T.: The Prevention of Contact Infections in Children, IMJ 78:435, 1940.

Are Heart Attacks Preventable?

JEREMIAH STAMLER, M.D.

This long-range survey points up the relationship between overweight, hypercholesterolemia, elevated blood pressure and smoking to the incidence of heart disease.

AN IMPORTANT SURVEY recently completed by the Chicago Association of Commerce and Industry in cooperation with the Chicago Heart Association, demonstrated that in 1961 diseases of the heart and blood vessels were responsible for an absolute majority of deaths among 312,229 employees of 18 major Chicago companies. Cardiovascular diseases killed 616 persons. Their toll was particularly heavy—441 deaths—among men age 45-64. They struck indiscriminately among managerial and supervisory personnel, technical and clerical employees, skilled, semi-skilled and unskilled.

These findings are quite typical for our country today. The labor force in Chicago is not at all unusual, as the data on mortality for the United States as a whole clearly reveal (Table 1). Throughout our middle-aged, as well as our elderly population, cardiovascular-renal diseases are the chief causes of sickness and death.

The data of Table 1, in addition to emphasizing the point made by the Chicago survey, demonstrate that one specific entity—arteriosclerotic heart disease (heart attack, coronary disease)—is far and away the most important of the several cardiovascular diseases at the present time. This high mortality rate from heart attack in middle-age, particularly among men, has prevailed without significant downturn for at least a decade or longer (Fig. 1). As the Chicago report noted, the death rates are significantly lower in women, especially white women—a most intriguing and challenging phenomenon to the research worker.

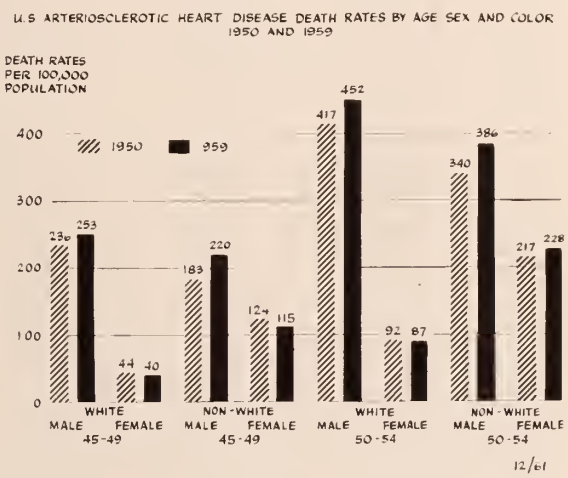


FIGURE 1

Five years ago, our research group began an intensive long-term study of cardiovascular diseases in the labor force of one key Chicago corporation, The Peoples Gas, Light and Coke Company. We have had—and continue to have—the very fine cooperation of Dr. Howard A. Lindberg, Medical Director, the Medical and Personnel Departments, the executive officers and the Board of Directors of this organization.

Extensive data on the male labor force age 40 to 59 were collected and analyzed for 1958. The findings well represent the situation in our country today. Almost one-third of the middle-aged men were found to have one or more

Director, Heart Disease Control Program and Chronic Disease Control Division, Chicago Board of Health; Assistant Professor, Department of Medicine, Northwestern University Medical School.

Edited text of a talk given at the 10th Annual Heart-in-Industry Conference Sponsored by the Chicago Heart Association and the Chicago Association of Commerce and Industry, Chicago, Illinois, October 23, 1962.

TABLE 1

Mortality Rates per 100,000 U.S. Population by Major Specific Cardiovascular-Renal Causes for 1959

Age-Sex Groups		All Causes	Cardiovascular-Renal Diseases	Arterio-sclerotic Heart Disease	Hyper-tensive Disease	Cerebro-vascular Diseases
Total		939.1	516.2	268.8	46.0	108.5
			WHITES			
Male	35-44	330.5	126.6	85.7	4.6	11.0
	45-54	909.0	472.5	346.1	20.5	41.2
	55-64	2,203.0	1,262.2	893.9	66.7	142.9
	65-74	5,041.7	3,149.3	1,988.2	197.1	539.1
Female	35-44	185.7	44.5	12.6	3.3	10.1
	45-54	445.0	149.9	62.5	14.3	32.8
	55-64	1,063.7	517.5	269.2	51.3	107.7
	65-74	2,941.9	1,845.3	966.0	193.3	421.5
			NONWHITES			
Male	35-44	755.8	269.4	93.6	60.7	52.8
	45-54	1,511.3	735.2	295.5	145.5	155.1
	55-64	3,211.1	1,794.9	741.9	308.8	432.4
	65-74	6,830.4	4,199.1	1,617.4	667.1	1,083.2
Female	35-44	555.6	217.4	44.5	60.2	58.8
	45-54	1,097.6	573.0	164.6	144.1	160.1
	55-64	2,404.5	1,466.7	457.1	323.5	437.5
	65-74	4,917.8	3,389.8	1,065.2	691.5	1,048.5

detectable abnormalities in the cardiovascular system (Fig. 2). In many cases it was "only" elevated blood pressure, without any demonstrable abnormalities in the blood vessels. In 182 per thousand men (almost 20%), there was demonstrable disease in blood vessels. In 46 per thousand, hypertensive heart disease was present; in another 46 per thousand, atherosclerotic coronary heart disease. These two separate but interrelated processes—high blood pressure (hypertension) and hardening of the arteries (arteriosclerosis, atherosclerosis) are the major cardiovascular problems we face today. Note also the sizeable group of individuals who, because of their symptoms or their electrocardiographic findings, were evaluated as having suspect coronary disease (Fig. 2). A definitive diagnosis could not be made, but there was enough evidence of disease so that they could not be given a clean bill of health.

The data in Figure 2 presents a "still picture" of the disease situation in a population at a given point in time. For both practical and research reasons, it is at least as important to get a "moving picture," that is, an analysis of

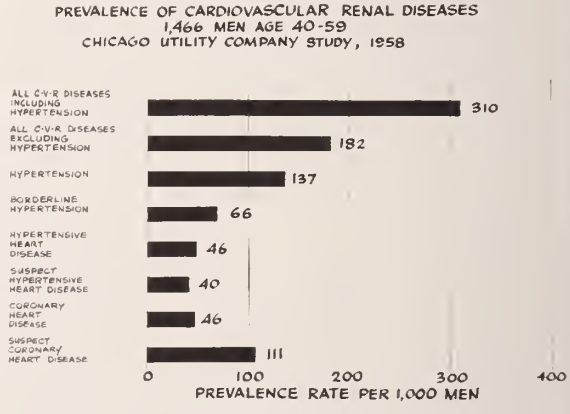


FIGURE 2

the rate of development of new disease over time in persons originally healthy. Figure 3 presents data on a group of men 50 to 59 years of age in 1954, who had no history of heart attack up to that time. These men were followed for the next four years. The findings closely paralleled results obtained in the labor force of the Dupont Company and other industries, in community studies in Los Angeles, Albany, Minneapolis, Framingham, Massachusetts, and in the Western Electric Company here in Chicago studied by our good colleagues

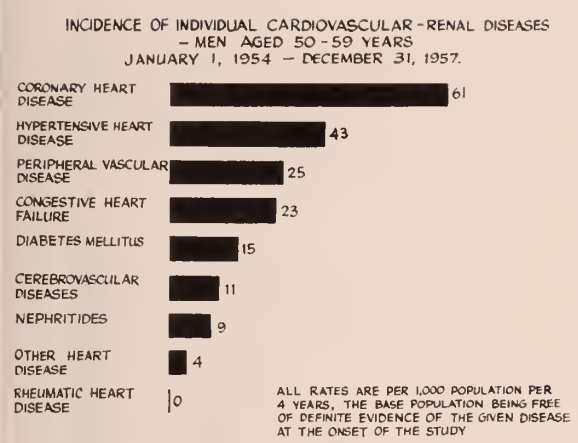


FIGURE 3

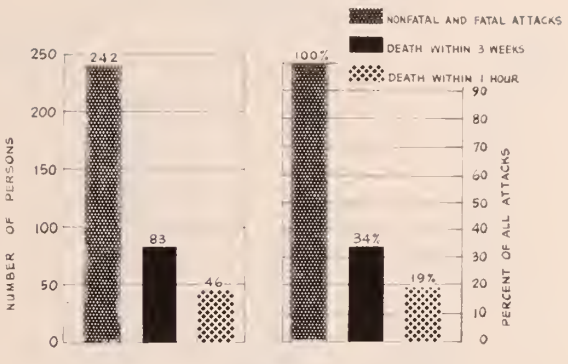


FIGURE 4

Drs. Oglesby Paul, Mark Lepper, Adrian Ostfeld and Jermyn McCahan. The four year incidence rate of new coronary disease in the middle-aged men employed by the Gas Company was in the order of 60 per thousand, or 15 per thousand per year (Fig. 3). With simple arithmetic, it is possible to arrive at the approximation that the average presently healthy middle-aged American male, free of clinical coronary disease (insofar as can be determined with our present diagnostic methods) has about one chance in five of developing this disease in middle age, that is, before age 65. This is indeed a rather high average risk.

This incidence rate of about 60 per thousand in four years is fairly uniformly experienced by all sub-groups in our middle-aged urban male population—by Negro and white men; indoor and outdoor workers; men doing sedentary or light or medium activity work; white collar and blue collar workers (with a statistical hint that the blue collar semi-skilled, unskilled and service workers may be a little better off, but not remarkably so). Contrary to earlier misconceptions, the recent studies in representative large samples of the living population have yielded solid consistent data showing that the toll being exacted by coronary disease is falling heavily upon all socioeconomic and ethnic strata. This disease is by no means confined to the managerial, executive, supervisory groups. It is indeed "epidemic," to use Dr. Paul Dudley White's term, throughout our middle-aged male population.

Figure 4 illustrates a further important characteristic of this disease. These are data recently presented at the Fourth World Cardiological Congress in Mexico City. They are based on several years of follow-up by the Public Health Service Study of more than 5,000 men and women in Framingham, Massachusetts. They document a particularly pernicious aspect of the coronary disease problem. Our study of the Gas Company men from 1954 through 1957 yielded like findings. In the 5,000 Framingham men and women, originally free of coronary disease, 242 developed the disease over time. Of the 242, 83 (34%) died within 3 weeks of becoming ill; 46 (19%) experienced sudden death, occurring within one hour, that is within such a short time as to virtually preclude their receiving any medical care whatsoever. These facts deserve emphasis, because they compel an important conclusion: If effective progress is to be made against this disease, if a real breakthrough is to be achieved, a significant lowering of its impact, at least in middle age (as a first objective), then of necessity—in view of the high rate of sudden death—the focus of our effort must be on primary prevention. That is the prevention of the first attack! As important as it is to improve therapy of the acute attack (for those surviving long enough to receive medical care), as important as it is to improve long-term therapy for those who fully recover from an acute attack—and the importance of these cannot be overestimated—the major emphasis must be on primary prevention. Our cardinal problem is, therefore, what is the status of our knowledge in regard to achieving primary prevention?

In this regard, one of the remarkable achievements of recent research is the identification of factors influencing risk of developing this dis-

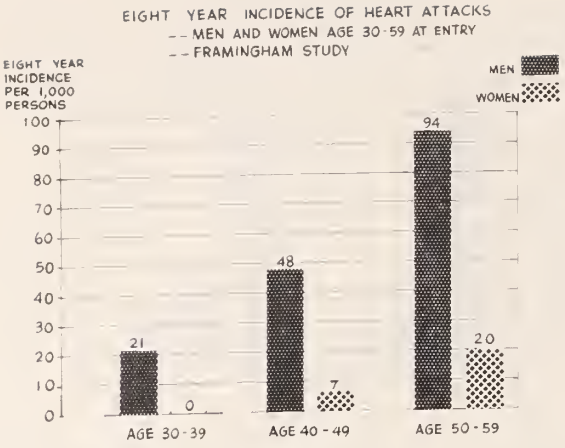


FIGURE 5

ease, and, based on this, the development of the ability to find susceptible individuals before they become sick, and to intervene in an effort to decrease their coronary-proneness.

It is an axiom of preventive medicine that in order to develop truly effective programs of primary prevention, it is essential to focus and concentrate the effort against the susceptibles. In polio, for example, children and pregnant women are susceptible. Therefore—while an effort is made to immunize the entire population—particular attention is devoted to inoculating the susceptibles.

Therefore, one of the major advances in the field of coronary disease in recent years is the recognition that people vary markedly in their susceptibility to this disease. The data on ability to detect susceptibles demonstrate that the figure on the average risk of the average American male—one chance in five of developing a heart attack in middle age—is, like many averages, an abstraction of only limited meaning. It is an average of very different risks, for there are among us those who have findings indicating marked susceptibility, as high as one chance in two or two chances in three or worse of developing coronary disease before age 65. At the other end of the distribution, there are more fortunate individuals with a risk of only one in 20, one in 30 or one in 40.

A corollary and byproduct of this achievement in assessing susceptibility is the ability to identify coronary prone individuals before they develop overt clinical disease. The methods for making this assessment of risk are quite simple. They entail making a set of standard

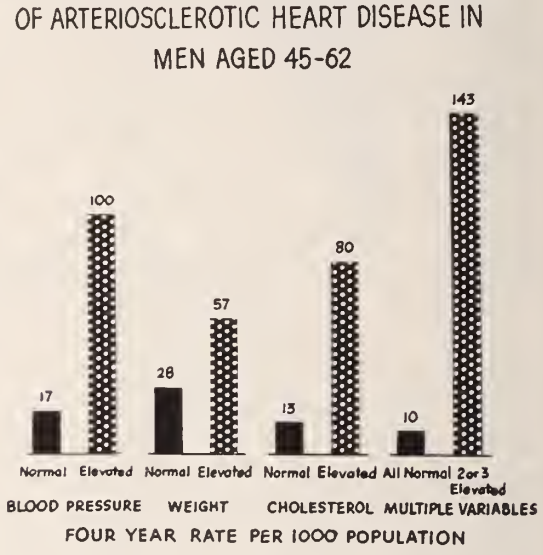


FIGURE 6

medical measurements.

The first point worth re-emphasizing with respect to coronary-proneness is the remarkably greater susceptibility of men compared to women, particularly prior to age 45, that is prior to the onset of menopause in women. Middle-aged women are in general highly resistant to this disease (Table 1). This female resistance to heart attacks is the single main factor accounting for the six year greater life expectancy of women than men in the United States today. This fact that in the population of the United States there are more women than men, the fact that early widowhood is a major social problem, is attributable first and foremost to the impact of coronary disease on men. In the Framingham study, there were no heart attacks in women under age 40, whereas there were 21 per thousand in men (Fig. 5). The contrast was similar for the age group 40 to 49. This sex differential began to lessen only in the age group 50 to 59, and gradually decreased thereafter (cf. Table 1). First of all, therefore, in the evaluation of risk, it is essential to recognize that men are generally more susceptible than women. The fact, however, should not be exaggerated, since women after the menopause develop an increasing coronary-proneness, as is evident from the above-cited statistics (Table 1 and Fig. 5). It is not possible in this report

RISK OF CORONARY HEART DISEASE ACCORDING TO LEVEL OF SERUM CHOLESTEROL, FRAMINGHAM MEN 45-62, WITH VARIOUS LEVELS OF DIASTOLIC BLOOD PRESSURE

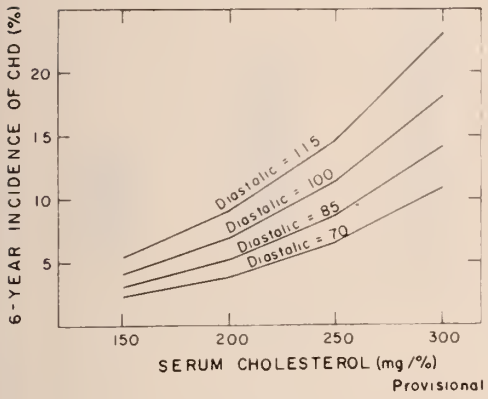
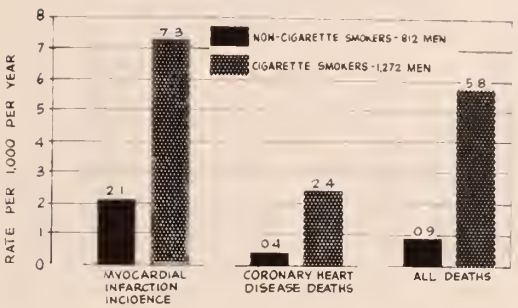


FIGURE 7

CIGARETTE SMOKING AND INCIDENCE OF MYOCARDIAL INFARCTION, CORONARY HEART DISEASE DEATHS AND DEATHS FROM ALL CAUSES — MEN AGE 40-49, FRAMINGHAM AND ALBANY STUDIES



ALBANY FOLLOW-UP PERIOD - 6 YEARS, FRAMINGHAM - 8 YEARS. RATES OF MYOCARDIAL INFARCTION INCIDENCE AND CORONARY HEART DISEASE DEATH ARE ADJUSTED TO ASSESS CONTRIBUTION OF CIGARETTE SMOKING INDEPENDENT OF CHOLESTEROL, WEIGHT AND BLOOD PRESSURE

FIGURE 8

to digress and describe the research done on the role of internal secretions—particularly the estrogenic hormones of the ovary—in protecting women prior to the menopause.

The relationship between three key variables—blood pressure, weight and serum cholesterol level—and coronary proneness is illustrated in Figure 6. Men with elevated blood pressure developed six times as many heart attacks as men with normal blood pressure. Overweight men developed two times as many heart attacks as men who were not grossly overweight. Men with high serum cholesterol levels developed six times as many heart attacks as men with lower serum cholesterol levels. Those normal with respect to all three had only 10 heart attacks per thousand in four years—a risk of about one in 20 of developing coronary disease before age 65. Those with two or three of these abnormalities had 143 attacks per thousand men in four years—a risk of about one chance in two of developing a heart attack in middle age. These are our high risk men. The difference between the two groups is fourteen fold.

The relationship of blood pressure and serum cholesterol, considered together, is further illustrated in Figure 7. These are six-year rates of coronary disease. Contrast the low rates in those men with both low normal serum cholesterol and low normal blood pressure, versus the high rates of disease in those men with both abnormally elevated—a six to seven fold difference.

Another important factor influencing risk is illustrated in Figure 8. Note the six-fold difference in total death rates between non-cigarette smokers and cigarette smokers. Note also that these data from the Framingham and Albany studies, involving several thousand men followed for six and eight years respectively (the death rates are given as deaths per thousand men per year), demonstrate a more than six-fold difference in fatality rate from myocardial infarction, or heart attack in cigarette smokers vs. non-cigarette smokers, and a difference in rate of all heart attacks (fatal and non-fatal) that is more than three-fold. These statistics deserve to be carefully pondered.

Up to this point, consideration has been given to findings that are not direct measurements of the status of the heart or coronary arteries *per se*. Rather, they are measurements of physiological variables (blood pressure, weight, serum cholesterol) known to influence the development of hardening of the arteries or atherosclerosis. These variables are therefore properly designated as coronary risk factors. Other coronary risk factors include diabetes, thyroid disease, kidney abnormalities, lack of exercise, and a history of blood vessel disease (atherosclerosis, hypertension) occurring prematurely (before age 60) in members of the family.

Medicine has also increased its knowledge in another area of vital importance for predicting risk of developing frank clinical coronary disease. It has been definitely shown that certain abnormalities revealed by the electro-

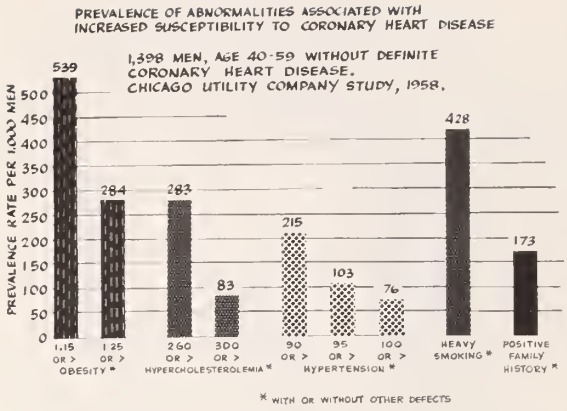


FIGURE 9

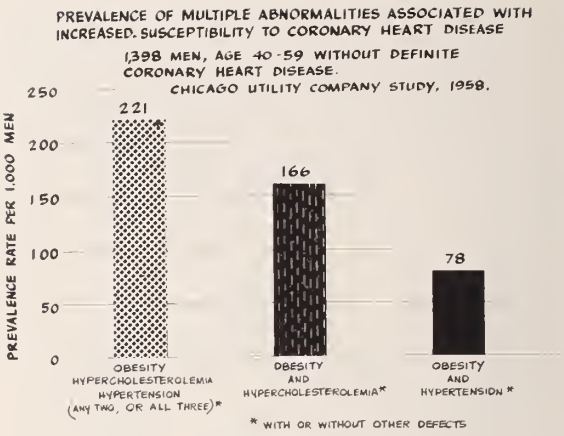


FIGURE 10

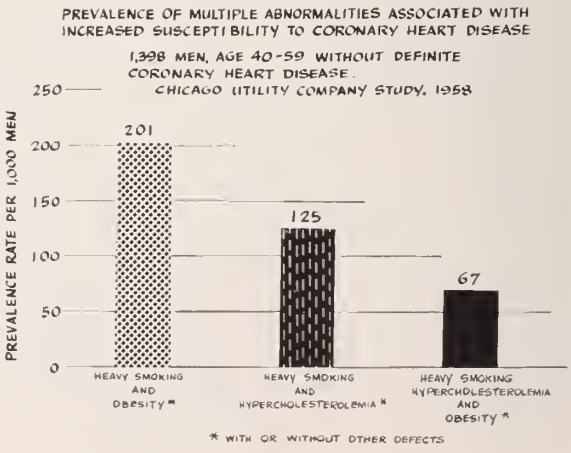
cardiogram—abnormalities frequently found during routine examination of presumably healthy people—also portend an increased likelihood of developing heart attacks during the ensuing years. The electrocardiogram is therefore an invaluable means of assessment, of detecting persons with coronary disease before they have developed symptoms and become clinically ill. The electrocardiogram gives direct information concerning the status of the heart. Several abnormalities demonstrable by the electrocardiogram are indicative of damage to the heart probably due to atherosclerosis or hardening of the coronary arteries supplying blood to the heart muscle. When these abnormalities are encountered in apparently healthy people (as is often the case), they are therefore warning signals that frank heart attack is more likely to occur.

In the Framingham study, an assessment was made of the relationship of three measurements—the electrocardiogram, blood pressure, and serum cholesterol—and risk of developing frank clinical coronary disease. Those men normal with respect to all three of these experienced very few heart attacks in the ensuing years. Those with one abnormality experienced a twelve-times higher attack rate; those with two abnormalities, a twenty-times higher rate; those with all three abnormalities, a thirty-three-times higher rate! These statistics illustrate with a vengeance the value of these measurements in detecting coronary-prone persons—and the challenge to preventive medicine such persons present!

The next relevant question is: How frequently are coronary-prone persons encountered in our population? Our studies of the middle-aged men employed by the Peoples Gas Light and Coke Company have yielded highly significant data on this matter—again, data typifying the general situation prevailing throughout our country today. Over 500 men per thousand (more than 50%) were found to be overweight, 284 per thousand markedly overweight; 283 per thousand had a high serum cholesterol level; 103 per thousand had frank high blood pressure; more than 400 per thousand were heavy smokers; 175 per thousand had a positive family history of premature blood vessel disease (Fig. 9).

Men with two or more risk factors were frequently encountered (Figs. 10 and 11). Recall that previously reference was made to the high risk status of men with overweight, high cholesterol, high blood pressure, any two or all three. About 20% of the middle-aged men at the Gas Company, clinically free of heart dis-

FIGURE 11



ease, had this combination, again—let it be emphasized—a typical contemporary American situation. Let not the Gas Company be stigmatized—its labor force is "par for the course." So it goes with other combinations of abnormalities—all are frequently encountered. At the other end of the risk spectrum, men free of multiple abnormalities are all too rare. Among the middle-aged employees at the Gas Company, only 136 of 1,466 men (9.3%) had normal serum cholesterol, weight and blood pressure (all three combined); further exclusion of diabetics, heavy smokers and men with a positive family history left only 48 men (3.3%) normal with respect to all six risk factors!

The next logical step in the argument is a relatively simple one: Something can be done about most of these abnormalities. True, for the sake of preventing heart attacks it is not reasonable to feminize men with estrogenic hormones. Nor is it possible, so far, to influence genetic background and at that level counteract the influence of family history. However, even with respect to family history, there is no reason for fatalistic hopelessness. For it is now known that to a large degree the familial tendency to premature coronary disease results from familial tendencies to high serum cholesterol, to obesity, to high blood pressure, to diabetes—familial tendencies that seem to be in many cases partly genetic and partly environmental in origin. And it is quite possible for contemporary medicine to treat every one of these abnormalities, if they are recognized early, that is, before frank coronary disease has occurred. It is therefore possible to intervene and attempt to head off the effect of a poor family background.

In any case, the coronary risk factors are often present without a positive family history, and are highly amenable to effective medical therapy. High blood pressure can today be successfully treated, by diet and safe new drugs, particularly when it is detected early, before the hypertension is severe, and serious organ damage has developed. Obesity can also be treated by reliable, professional methods, although its longterm control is a tough problem. Heavy smoking can also be eliminated, although it too is a tough problem. It is now known that elevated serum cholesterol can be lowered in most cases by dietary means entirely compatible with continued enjoyment of the pleasure of good eating. Diabetes is also capable of being controlled, as are other coronary risk factors.

It is a simple logical conclusion that if these abnormalities make for increased likelihood of heart attacks, and these abnormalities can be detected before attacks occur, and corrected and controlled, then the possibility arises of preventing heart attacks. How valid is this logical possibility? Here it is necessary at present to give an interim answer. Several sets of data are available which are very encouraging in this regard. For example, data are available indicating that heavy cigarette smokers who quit before they became ill will in due course experience a decline in coronary-proneness down toward the risk of non-cigarette smokers. This is indeed a very encouraging fact.

Life insurance data are also available indicating that obese men who reduce and stay reduced (in order to be re-rated at standard rates by their insurance companies) also have a subsequent mortality experience like that of non-overweight men. Data collected during the last five or ten years of the use of the new drugs for the treatment of hypertension indicate that modern effective control of high blood pressure leads to reduced incidence of heart attacks, heart failure, strokes and kidney failure — the complications that produce illness and premature death in hypertensives. As a result of the control of high blood pressure by diet and the new drugs, hypertensives are now living longer.

While it is a debatable question, there is evidence indicating that well controlled diabetics suffer significantly less from the major complications of diabetes (heart attacks, strokes and other vascular complications) than do poorly controlled diabetics. Finally there is a considerable accumulation of data collected in central Europe after World War I, and in the occupied countries during World War II, indicating that the changes in diet, exercise and smoking under wartime conditions were associated with significant declines in mortality rates from heart attack. All these intriguing pieces of information support the logical conclusion that treatment of coronary risk factors may be effective in preventing the disease.

When the American Heart Association a few years ago arrived at the conclusion that the available data warranted a statement on diet, heart attacks and strokes, they issued such a statement to the profession and the public. This statement was very carefully formulated so as to be neither too negative nor too positive, based on the data available. This statement emphasized the possibility of prevention — not the certainty at this juncture, because the data available today are not yet comprehensive enough to warrant our speaking about the certainty of prevention — "merely" the possibility.

In order to clarify this current situation, an analogy is useful, since it has considerable validity. The problem of preventive approaches to coronary disease stands today at the point where polio research stood in 1953. By that time, the polio researchers had isolated the viruses, learned how to grow them, learned how to kill them without destroying their ability to provoke antibodies, had shown that this vaccine could be safely given, that it did provoke antibodies in man and that it did protect monkeys against paralytic polio. "All" that had to be done was a mass field trial to test whether such a vaccine did protect children in the mass against the disease. The National Foundation, the Public Health Service, Dr. Jonas Salk, Dr. Thomas Francis, and their research teams did such a mass field trial and the results are history. Similar mass field trials are now needed to test the ability to achieve effective primary prevention of heart attacks by nutritional, hygienic and pharmacologic means.

The mass field trials needed in the coronary disease field are essentially similar in their basic principles to those needed for polio. However, specific features of the disease put a special stamp on the field trials against coronary disease. The preventive measures are not vaccines, rather changes in living habits; the subjects are not children, rather middle-aged men; the period of follow-up is not one summer, rather four to five years. These concrete aspects create unique problems for mass field trials on coronary disease and render them quite difficult.

Since 1957 pilot studies along this line have been in progress. Ours in Chicago has been one of the first. We have been very happy to work closely with medical departments in industry on this, not only with Peoples Gas, but also with Standard Oil, Union Carbide, and the Sun Times-Daily News. By now, considerable experience has been accumulated, in Chicago, New York, Cleveland, Los Angeles, and elsewhere.

Our Coronary Prevention Evaluation Program works longterm with high-risk men age 40-59. It strives to correct, *and keep corrected* — the decisive challenge — five abnormalities making for coronary-proneness, namely overweight, high serum cholesterol, high blood pressure, heavy cigarette smoking and lack of exercise. Our research physicians and nutritionists work closely with the men and their wives to effect a permanent change in living habits, particularly eating, exercise and smoking habits. Short-lived efforts — the frequent American pattern of going on a diet, and then going off — are futile. A sustained correction — for years — of high blood cholesterol, overweight, etc., must be achieved, if anything is to be accomplished in the way of preventing heart attacks.

The dietary approaches required to attain these goals have been worked out in great detail. In the language of nutrition, they involve diets moderate in total calories, total fats, polyunsaturated fatty acids and carbohydrates; low in saturated fatty acids and cholesterol; and high in all essential nutrients (proteins, amino acids, vitamins, minerals). In terms of foodstuffs this means:

Emphasizing the low-fat dairy products (skim milk, buttermilk, cottage cheese), and de-emphasizing the high-fat (sweet cream, sour cream, ice cream, whipped cream, cheeses, butter).

Emphasizing the lean cuts of meat and poultry, and de-emphasizing the fat cuts, with trimming off fat before cooking, cooking so as to get rid of fat (broiling, rotisseriering, roasting with discarding of drippings, letting stews and soups stand in the refrigerator overnight and skimming off congealed fat); use of vegetable oils in braising meats, etc.; moderation of meat portion size (four to six ounces, not twelve to sixteen!).

Emphasizing fish, and sea food; de-emphasizing eggs.

Table 2

Serum Cholesterol Level, Body Weight and Blood Pressure Changes in Coronary Prevention Evaluation Program Participants at Successive Time Intervals on Diet

Time on Diet—Weeks	No. of Men	Serum Cholesterol				Observed Weight/Desirable Weight			Blood Pressure		
		Control mg. %	Treatment mg. %	Fall mg. %	Fall %	Control	Treatment	Fall	Control mm. Hg.	Treatment mm. Hg.	Fall mm. Hg.
12 Weeks	69	276.6	233.5	43.1	15.6	1.263	1.169	0.094	134/88	126/82	8/6
29 Weeks	55	272.1	229.2	42.9	15.8	1.282	1.164	0.118	136/88	128/81	8/7
46 Weeks	44	273.8	229.8	44.0	16.1	1.265	1.145	0.120	134/86	128/81	6/5
80 Weeks	32	288.8	238.1	50.7	17.6	1.240	1.128	0.112	138/89	132/83	6/6
114 Weeks	9	323.1	260.4	62.7	19.4	1.250	1.136	0.114	136/88	125/81	11/7
***	99	271.5	231.7	39.8	14.7	1.269	1.179	0.090	134/88	127/82	7/6

***Mean data on all men irrespective of time in study.

Emphasizing vegetable oils, and de-emphasizing solid table spreads (butter, margarines) and solid shortenings (lard, suet, hydrogenated vegetable fats, drippings).

Emphasizing fruit desserts (citrus and non-citrus), and de-emphasizing commercial cakes, pastries, shortcakes, cookies and pies.

Emphasizing green and yellow vegetables and legumes (peas, beans).

Emphasizing moderation in use of starches (potatoes, rice, spaghetti, breads, cereals), carbohydrate-rich spreads (jellies, jams, honey, marmalade), alcoholic beverages.

Pages and pages of delightful and tempting recipes are available — to convince even the most skeptical that pleasure lies ahead along this way of good hope for the prevention of heart attacks. Indeed, one of the major lessons of the research experience to date is its demonstration that one of the pleasures of the good life — the pleasure of good eating — can and should remain with us as we make the effort to end the contemporary epidemic of premature heart attacks.

From the experience of our Coronary Prevention Evaluation Program to date, it is reasonable to conclude that a significant per cent of high-risk middle-aged American males can be won for effective cooperation in an effort to prevent heart attacks. Moreover, there is no doubt that the cardinal risk factors can be corrected and kept corrected (Table 2).

Based on these positive experiences, and similar ones in New York, Los Angeles, Cleveland and elsewhere, a national cooperative study has been organized to explore further the feasibility of mass field trails to prevent heart attacks. The first studies along this line are about to begin. Grants have been awarded for this purpose by the National Heart Institute, close cooperation and support is forthcoming from the American Heart Association and its affiliates, and work is proceeding in Chicago, Baltimore, Boston, Minneapolis and Oakland in this cooperative undertaking. A decade of hard work lies ahead to complete the overall job.

This then has been a progress report, a report of significant advances by many investigators whose intensive efforts have been made possible by steadily increasing research support from the Heart Association and the National Heart Institute of the U.S. Public Health Service, that is, support from the American people via voluntary and tax dollars. But major research work remains to be done still, and with it a key question arises: What to do in the interim? What should medicine do? What

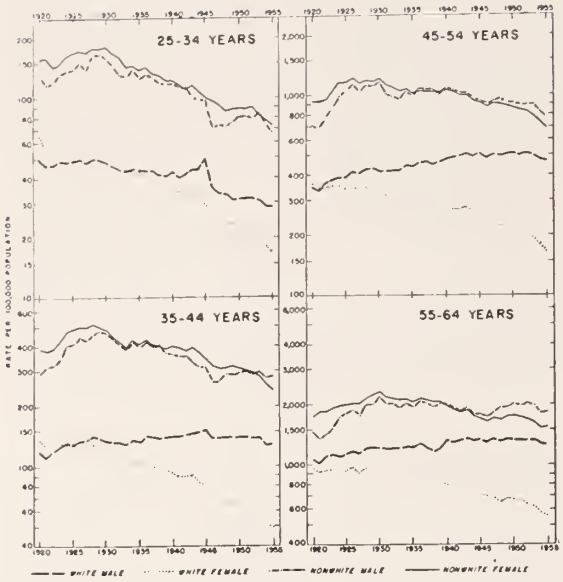


FIGURE 12

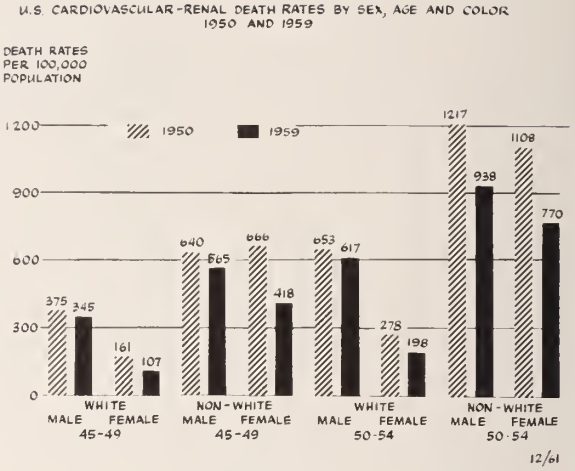


FIGURE 13

should industry do? What should the public generally do? Many signs point to the possibility of preventing heart attacks, but at the same time knowledge giving certainty is not yet in hand. And the mass field trials will certainly require the remainder of this decade, perhaps longer, before their results are available. Therefore the problem arises of an interim approach.

Two alternatives are possible. One might be called a more conservative alternative, and goes something like this: "All the new research information is very interesting and nice. It's good to see the research fellows making progress. We wish them luck. Admitedly, though, they haven't all the answers yet. In the meantime, therefore, we'll just wait and see". A corollary of this conservative wait-and-see approach is that no hope lies ahead for a major downturn in coronary disease incidence during the rest of the decade. No hope lies ahead particularly for men of high risk.

The alternative approach is: "The facts point very strongly in certain directions. They indicate the possibility of prevention. Moreover, and this is very important, they indicate that this possibility can be achieved pleasantly and — even more important — safely, because the procedures involved (nutritional, hygienic and pharmacologic) entail minimal risks. The nutritional and hygienic measures under medical supervision are essentially risk-free. The drugs for the control principally of hypertension and diabetes, when present, are drugs with which the medical profession now has a large experience; the risks with them are slight. Since the possibility of prevention exists, since coronary disease takes such an epidemic toll, since the possibility of achieving prevention involves safe procedures, and since — without these new approaches — particularly the higher risk individuals do, in fact, have every likelihood of suffering markedly and without surcease from heart attack, it would seem that a sound interim approach (particularly for the higher risk individuals) would be to attempt to take advantage of the possibility of prevention.

What does this mean for industry? First, it would seem to mean a major undertaking on the part of industry to cooperate in the effort to assess risk and detect persons with asymptomatic sub-clinical coronary disease, particularly through use of periodic examinations including biochemical tests, electrocardiograms, etc. Second, it would seem to mean continued and expanded close cooperation between industry and medicine in the development of prevention programs.

What, then, is to be anticipated? What are the possibilities for the years ahead? There is reason for cautious optimism (Figs. 12 and 13). From 1920 until the late 1940's, the total death rate from all diseases of the cardiovascular system went up for white men age 45-54 in the United States. In the late 1940's the death rate

stopped rising for the first time in over 30 years. Then in the early 1950's it began to dip, and from 1950 to 1959 a phenomenon occurred that has been overlooked and unheralded — an actual decline, modest but definite, in mortality from the cardiovascular-renal diseases, for all sex-race groups. The toll is still great, but it may be that we are "over the hump."

In 1917, Chicago experienced 1216 deaths from diphtheria, many of them from diphtheritic heart disease. Who would have predicted then that in a few years this disease would be mastered and virtually eliminated.

In 1920, when rheumatic heart disease was a major scourge, who would have predicted that the death rate in children, teen agers and young adults would be cut so drastically that by 1959 it would fall to 10% of the 1920 figure. Yet that is what has been achieved.

I frankly believe that these are portents of what lies ahead as a result of the mounting effort to prevent premature sickness, disability and death from high blood pressure and hardening of the arteries.

ACKNOWLEDGEMENTS

It is a pleasure to acknowledge the cooperation, support and encouragement forthcoming from Samuel L. Andelman, M.D., M.P.H., Commissioner of Health, Eric Oldberg, M.D., President and the Board of Health of the City of Chicago, as well as the fine staff of the Heart Disease Control Program, Chronic Disease Control Division and other divisions of the Health Department. It is also a pleasure to acknowledge research grant support, making the investigational work reported here possible, from the American Heart Association, the Chicago Heart Association, National Heart Institute, National Institutes of Health, U.S. Public Health Service and other agencies. We are also grateful to our colleagues of the Framingham and Albany Studies, Drs. T. R. Dawber, W. B. Kannell and J. Doyle, *et al*, for permission to reproduce data from their excellent published and unpublished work. We are also grateful to their publishers, the Annals of Internal Medicine, American Journal of Public Health, New England Journal of Medicine and the American Heart Association for this permission.

REFERENCES

1. Katz, L. N., Stamler, J. and Pick, R.: *Nutrition and Atherosclerosis.* Lea and Febiger, Philadelphia, Pa., 1958.
2. Stamler, J., et al.: J. Chr. Dis. 11:405, 1960.
3. Stamler, J.: Am. J. Pub. H., 50:14 (Part II), 1960.
4. Stamler, J.: Prog. Cardiovasc. Dis., 3:56, 1960.
5. Page, I. H., et al.: Circulation, 33:133, 1961.
6. Stamler, J.: Geriat. 17:31, 1962.
7. Stamler, J.: The Heart Disease Control Program, Chicago Board of Health — A Review of Five Year's Experience *Cardiovasc. Diseases* — Continuing Education Monograph #2, Western Regional Office, San Francisco, Calif., A.P.H.A., 36, 1962.
8. Stamler, J. et al.: J. A. Dietet. A. 40:407, 1962.
9. Stamler, J.: The Many Sides of the Fat Story, U.S. Department of Agriculture, Federal Extension Service, Washington, D.C., 1962.
10. Stamler, J.: The Early Detection of Heart Disease, in Reynolds, F. W., Ed., *Heart Disease Control*, U. of Michigan, School of Public Health, Continued Education Series #97, Ann Arbor, Michigan, p. 48. 1962.
11. Stamler, J.: Am. J. Cardiol. 10:319, 1962.
12. Lindberg, H. A., et al.: Arch. Int. Med. 106:628, 1960.
13. Stamler, J.: M. Clin. N. Am., Jan.: 3, 1963.

The Tragic Day of Hasty Legislation

It would be a tragic day for the people of this country if, through the enactment of hasty legislation, the incentives for drug research would be removed. We still have a lot of work to do — cancer, arthritis, heart disease, special problems of aging — and the pharmaceutical industry is ready to play its part. But we are, after all, companies which have to show a profit or we cease to exist. We are not going to get much return, if any, if we are going to be required to turn over to others the research discoveries which we paid for with large investments of funds and more important investments of intelligence, imagination and the plain hard work of every employee. *Address by T. F. Davies Haines, President, CIBA Pharmaceutical Company, Summit, New Jersey, May 25, 1962.*



"Zero" your sights on Chicago's Sherman House May 12-16 for the 1963 ISMS Annual Convention.

Use of Oral, Live Virus (Sabin) and/or "Killed" Virus (Salk) Polio Vaccines

Recommendations of the Illinois Department of Public Health

The Board of Trustees of the Illinois State Medical Society reviewed and accepted recommendations formulated on January 10, 1963 by the Poliomyelitis Technical Advisory Committee to the Illinois Department of Public Health on the use of poliomyelitis vaccines. Dr. Franklin D. Yoder, Director of the Illinois Department of Public Health, has adopted these recommendations as the official policy of the Department in regard to use of poliomyelitis vaccines, oral, live virus (Sabin) and/or "killed" virus (Salk) types. The recommendations are as follows:

1. The Poliomyelitis Technical Advisory Committee to the Director of the Illinois Department of Public Health continues to recommend the use of Salk "killed" virus vaccine with periodic booster immunizations. The Committee also continues to recommend the use of Type I and Type II Sabin, oral, live virus vaccines in community and/or individual immunization programs.
2. After review of available information, this Committee now considers Type III Sabin, oral, live virus vaccine to be a safe vaccine under accepted standards within the recommendations of the U. S. Public Health Service. Its use is approved on a community basis in those areas where oral polio vaccine programs have been initiated, and its inclusion in immunization programs is, therefore, considered acceptable.
3. The utilization of all vaccines is a matter for local and individual determination. Thus, county medical societies and local public health officers should evaluate their own individual and community immunization programs.
4. Finally, this Department recommends that because the need for immunization diminishes with advancing age and because potential risks of live virus vaccine are believed by some to exist in adults, especially above the age of 30, live virus vaccine should be used for adults only with the full recognition of its very small risk. Vaccination is especially recommended for those adults who are at higher risk of naturally occurring disease; for example, parents of young children, pregnant women, persons in epidemic situations and those planning foreign travel.

"Immunity Is Just A Swallow Away"

William Garson, *Rockford*

On January 28, 1963, the Board of Directors of Winnebago County Medical Society approved use of the Type III Sabin Oral Vaccine, completing the cycle of polio immunization for that county which began last fall with their "Victory Over Polio" campaign described in this article. Mr. Harold J. Homann, Executive Administrator for the Winnebago County Medical Society, expresses his deep appreciation to the author William Garson whose public relations work contributed significantly to the success of this campaign.

Secret of the highly successful Victory over Polio mass immunizaiton of a total of nearly 300,000 people in Winnebago County from last September 30 to November 11 swung on one premise:

Total involvement of the community in the campaign.

From the moment in August when the board of directors of the Winnebago County Medical Society voted to sponsor the Sabin Oral Vaccine program in the county, the emphasis was on people—people in organizations, in civic and political life, in education, in transportation, in communication, in health and welfare. In short, every phase of community life was to be called upon for advice and help.

At final count, nearly 70 organizations and groups were taking part in the largest community program in this county of 209,000. The success of this concept is reflected in these figures:

First Type I immunization: 127,234 men, women, children and infants inoculated.

Follow-up Type I immunization: 21,161, including hospital, nursing home and other shut-ins.

First Type II immunization: 115,702.

Follow-up Type II: 24,617.

Hospital and Shut-ins Type II: 1,400.

Total immunization: 290,114 (Type I and Type II).

The response of the community as each invited organization accepted its part in the Victory over Polio campaign was "almost unbelievable," according to Dr. F. J. Carlstrom, polio immunization chairman, and Harold J. Homann, executive administrator of the society, who was campaign director.

"Our people gave of their time, talent and treasure at a pace never before seen in this community. They were part of the Victory over Polio campaign and its success was their success," Homann said. "This was not a medical society project. It was a county-wide project. The society directed the overall picture, made assignments, and then let each organization carry the ball."

A million sugar cubes, a like number of paper cups, thousands upon thousands of sheets of paper for records, posters, printing, art work, pencils and myriads of other items flowed into the campaign. Thirty-eight schools were obtained for sites for the first administrations of Type I and Type II. Eight schoolhouses were used to administer make-up shots for each type.

A downtown store was obtained for Victory over Polio headquarters where under the leadership of the ladies of the Winnebago County Medical Society Auxiliary hundreds of ladies were recruited from other community organizations to man a battery of telephones twelve hours daily for a three month period. Thus thousands of telephone calls were eliminated from the busy offices of doctors. This same store served as Polio Central at each of the Sundays when clinics were held. On each Victory over Polio Sunday, this Polio Central



DOCTORS FACE THE PRESS: Newspaper, radio and television reporters fired Victory over Polio questions at these physicians to open the Winnebago County mass immunization program. From left they are Drs. William K. Ford, R. Gregory Green, F. J. Carlstrom, polio immunization chairman, W. L. Crawford, Gordon T. Burns and Harold J. Homann, executive administrator.



EVEN BABIES GET IT: Dr. Richard Runstrom uses dropper to get vaccine to tongue of 13-months-old Michael Las Casas.

was transformed into a command post with radio and telephone communications leading to each of the clinics.

Representatives of each of the organizations participating in the campaign manned Polio Central with Homann as director. Whenever a problem involving the assignments of any of the participating groups arose, its president or chairman was there to handle it.

People . . . people . . . people . . . Civil Defense, police, fire, sheriff, Boy and Girl Scouts, pharmacists, nurses, doctors, lawyers, taxi drivers, bus drivers, Red Cross . . . a dairy kept the 500,000 doses of vaccine in its deep freeze . . . the newspaper flew in some of the vaccine in its own plane . . . a restaurant operator hosted organization heads at a kickoff dinner . . . people . . . people . . .

The Victory over Polio campaign in Winnebago County battled adverse national publicity resulting from the withdrawal of Type III with a continuous news and information program. At least one story a day landed on the desks of newspaper editors, radio and TV news directors; special TV scripts were written and prepared for TV; church and service club programs carried the story; there were interviews with doctors and campaign people on radio and TV, both live and taped.

All news media cooperated beyond any previous experience. One TV station took its entire staff and their families through a school clinic for their Sabin oral vaccine.

"Immunity is just a swallow away" became the theme of the campaign.

On each of the Victory over Polio Sundays, the school clinics were opened from noon to 5 p. m. with as many as 1,200 persons an hour receiving the vaccine at some schools. For the major immunization days, there were 4,400 professional and volunteer people on duty. On the follow-up clinics, 800 persons were on duty.

The 290,114 persons immunized is still a tentative figure. Thousands of check sheets are being compiled to arrive at a final official count. There were 170,000 doses of vaccine used at the first Type I clinic. This discrepancy is being checked to see what number may have been wasted by children who spat out the sugar cube. There were also more doses used than the number of persons tentatively checked during the Type II inoculation.

As the figures stand now, however, Dr. Carlstrom feels "we have immunized at least 75 per cent of the population of the county, and I feel that this immunization will spread through the community by contact with those who have received the vaccine."

HOSPITAL PATIENTS GET VACCINE: Dr. Don Wortman administers vaccine to Steve Johnson, confined to hospital with broken leg.



Reference Page Number 38

Poisons and Antidotes

Part 2—Poisoning By Common Household Products: Contents and Guide to Treatment

The following lists common household products and their chief toxic chemical constituents parenthetically after each product name. The number opposite each product name refers to the monographs in Part 1 of this Reference (January issue), which outlines treatment for poisoning by these chemicals. Part 1 plus Part 2 represents a practical guide to antidotal treatment of poisoning by chemicals in the household products listed. This list identifies only the more common household products. If a product does not appear below, contact the nearest Poison Control Center for identification of its chemical contents. You will find a list of Poison Control Centers in Illinois in Reference Page Number 3 (IMJ for January, 1960).

Product (chemical contents)	Monograph
All Detergent (*Ethylene Glycol - Sodium Phosphate Salts - Fatty Acid Esters - et al*)	25, 6
Allstate Durozone Anti-Freeze (*Methanol*)	5
Alltox 5 Bait (*Toxaphene*)	47
A.M.R. Insect Killer (*DDT - Allethrin - Methylated Naphthalenes - Isobornyl Thiocyanoacetate - M-octyl Bicycloheptene Dicarboximide*)	21, 31, 39
Antrol Ant Killer (*Sodium Arsenite*)	10
Antrol Rose Spray Flower Bomb (*Lindane - Rotenone - Rotenoids*)	12, 41
Antrol Push Button Ant & Roach Bomb (*Lindane Pyrethrins - Piperonyl Butoxide*)	12, 41
Antrol Ant Powder (*Chlordane - Pyrethrins - Piperonyl Cyclonene*)	18, 39
Antrol Ant Spray (*Chlordane*)	18
Antrol Ant-Syrup (*Sodium Arsenite*)	10
Antrol Ant Trap (*Thallium Sulfate*)	45
A-Penn Lighter Fluid (*Petroleum Distillates*)	35
Beacon Ant Killer (*Thallium Sulfate*)	45
Beacon Paste Wax (*Waxes - Terpene & Paraffin Solvents*)	35
Beacon Wax & Dirt Remover (*Alkali*)	6
Bee Brand Ant and Flea Killer (*Rotenone*)	41
Bell's Cleaning Fluid (*Carbon Tetrachloride*)	16
Big Roach Killer (*Chlordane*)	18
Big Stinky Control Fluid (*Parachlorophenyl Parachlorobenzene Sulfonate - DDT*)	21
Black Flag Bug Killer (*Lindane*)	12
Black Flag Bug Killer (*G-Isomer of BHC - Pyrethrins - Tech. Piperonyl Butoxide - Petroleum Distillates*)	12, 39, 35
Black Flag Disinfectant (*Potassium Chlorophenyl Penate Pine Oil - Soap - et al*)	36, 48
Black Flag Flea-Tick & Louse Powder (*Pyrethrins - Rotenone*)	39, 41
Black Flag Insect Spray (*DDT - Methylated Naphthalenes - Beta Butoxy Beta Thiocyano Diethyl Ether - Lethane*)	21
Black Flag Insecticide Powder (*Chlordane - Piperonyl Cyclonene - Pyrethrins*)	18, 39
Black-Flag Moth Ded (*Paradichlorobenzene - Terpene Polychlorinates*)	34
Black Flag Push Button Aerosol Insect Killer (*DDT - Allethrin - Piperonyl Butoxide - -Methylated Naphthalene*)	21, 39, 31
Black Flag Push Button Flower Bomb (*Lindane - Rotenone - Rotenoids*)	12, 41
Black Flag Push Button Roach & Ant Killer (*Lindane - Pyrethrins - Piperonyl Butoxide*)	12, 39
Black Flag Rat & Mouse Killer (*Warfarin*)	49
Black Flag Special Roach Spray (*Chlordane*)	18
Black Leaf (*Nicotine*)	32
Black Leaf (*DDT - Parathion*)	21, 37
Black Leaf 11 36 Insect Killer (Aerosol) (*DDT*)	21
Black Leaf CPR Insect Killer (*Pyrethrins*)	39
Black Leaf Crabgrass Killer (*Potassium Cyanate*)	20 (?)
Black Leaf Fly Spray (*Methoxychlor - Pyrethrins - Piperonyl Butoxide - Isobornyl Thiocyanoacetate*)	21, 39
Black Leaf Mash-nic Powder (*Nicotine*)	32
Black Leaf Mousekiller Bait (*Warfarin*)	49
Black Leaf Pyrenone Insect Killer (Aerosol) (*Pyrethrins*)	39

Product (chemical contents)	Monograph
Black Leaf Ready Mixed Bait *(Warfarin)*	49
Black Leaf Slug & Snail Pellets *(Calcium Arsenate - Metaldehyde)*	10
Black Leaf Weedkiller (Arsenical) *(Arsenic Trioxide)*	10
Bowlene *(Sodium Bisulfite)*	2
Bug-A-Boo Moth Crystals *(Paradichlorobenzene)*	34
Calgon *(Sodium Phosphate - Sod. Carbonate - Sod. Bicarbonate)*	6
Calgonite *(Calgon & Alkaline Sodium Silicate)*	6
Charcoal Lighter *(Petroleum Distillate)*	35
Clorox Bleach *(Sodium Hypochlorite)*	27
Copper Brite *(Hydrochloric Acid - Phosphoric Acid - Silica et al)*	2
Dope *(Organic Alcohols - Esters and Ketones)*	42
Double X Varnish Remover *(Caustic Alkali)*	6
Drano Disinfectant *(Sodium Hydroxide)*	6
Du Pont Dry Clean *(Trichloroethylene)*	16
Du Pont Fungicide A *(Zinc Ethylene Bisdithiocarbamate) (Zineb)*	50
Dupont Lawn Weeder *(2, 4D)*	22
Du Pont Liquid 241 *(Phenyl - Mercuric & Ethyl Mercuric Acetates)*	30
Dutch White Paint *(Lead - Barium Sulfate)*	29
Easy Bleach *(Sodium Hypochlorite)*	27
Easy Monday Mothproofer *(DDT)*	21
Easy off Oven Cleaner *(Sodium Hydroxide - Aluminum Stearate)*	6
Energine Cleaning Fluid *(Naphtha)*	35
Flit *(DDT - Isobornyl Thiocyanoacetate - Aliphatic Thiocyanates - Petroleum Distillates)*	21, 35
Flit Aerosol Insect Spray *(Pyrethrins - DDT - Piperonyl Butoxide)*	21, 39
Flit Bug Killer *(G-Isomer of BHC - Technical Chlordane - Pyrethrins - Refined Petroleum Distillates)*	12, 39, 35
Flit Bug Killer *(Chlordane - Lindane - Pyrethrins)*	18, 12, 39
Flit Double Action Insect Spray Aerosol *(Pyrcthrins - DDT - Piperonyl Butoxide - Beta Butoxy Beta Thiocyanodiethyl Ether)*	21, 39
Flit with 5% DDT *(DDT - Isobornyl Thiocyanacetate - Related Terpenes - Aliphatic Thiocyanates)*	21
Glamorene Rug Cleaner *(Trichlorethylene - Ethylene Dichloride - Heavy Naphtha - Synthetic Detergent)*	16, 35
Glass Wax *(Isopropyl Alcohol - Mineral Spirits - et al*	4, 35
Gold Medal Liquid Bluing *(Caustic Alkali)*	6
Gold Seal Wood Cream *(Alkali - Oil)*	6
Gold Seal Snowy Bleach *(Alkali)*	6, 27
Gulfspray Aerosol Bomb *(Pyrethrins)*	39
Gulfspray Cone Aerosol Insecticide *(Pyrethrins)*	39
Jap Beetle Killer *(DDT)*	21
Jitter Bug Insect Repellent *(Hydrogenated Rotenone)*	41
Johnson's Carnu Gloss *(Petroleum Naphtha)*	35
Johnson's Carplate Auto Wax *(Petrolcum Naphtha - Silicone Fluid)*	35
Johnson's Cream Wax *(Petroleum Distillate)*	35
Johnson's Jubilee Kitchen Wax *(Petrolcum Naphtha)*	35
Johnson's Liquid Wax *(Petrolcum Naphtha)*	35
Johnson's Paste Wax *(Petroleum Distillate)*	35
Johnson's Pride *(Petroleum Naphtha - Silicone Fluid)*	35
Johnston's Super-No Roach Killer *(Malathion)*	37
Kwiklite Lighter Fluid *(Petrolcum Distillates)*	35
Larvex *(Sodium Aluminum Silicofluorate)*	26
Le Page's Liquid Plastic Mender *(Ethylene Dichloride)*	16
Linco *(Sodium Hypochlorite)*	27
Lysol Disinfectant *(Orthohydroxdiphenyl - Cresylic Acid - soap - alcohol - propylcneglycol)*	36
Mobil Permazone Anti-Freeze *(Ethylene Glycol)*	25
Monsanto Niran *(Parathion)*	37
Monsanto Santobane *(DDT)*	21
Monsanto Santochlor *(Paradichlorobenzene)*	34
Mufti Spot Remover *(Carbon Tetrachloride)*	16
Norway Anti-Freeze *(Methanol)*	5
Norway Penetrating Oil *(Petroleum Distillate)*	35
O-Cedar All Purpose Polish *(Mineral Seal Oil [Petroleum Solvent] - Turpentine - Methyl Salicylate - Cedar Oils)*	35, 48
O'Cedar Dri-Glo *(Petroleum Naphtha)*	35
O'Cedar Glass Polish *(Monoethyl Ether of Ethylene Glycol - Isopropyl Alcohol)*	25, 4
O'Cedar No Rubbing Cream *(Mineral Seal Oil)*	35
O'Cedar Paste Wax *(Mineral Seal Oil - Petroleum Naphtha)*	35
O'Cedar Touch up Furniture Polish *(Petroleum Naphtha)*	35
O. D. P. (Sherwin-Williams) *(White Lead)*	29
O. K. Plant Spray *(Nicotine)*	32
Old English Red Oil *(Mineral Seal Oil)*	35
Old English Scratch Cover Polish *(Mineral Seal Oil - Summer Black Oil (Petroleum Distillate)*	35
Peak Anti-Freeze *(Ethylene Glycol)*	25
Pine-Sol *(Pine Oil - Isopropyl Alcohol - Chlorophenylphenol)*	4, 48, 36
Pinuseptol *(Pine Oil - Hydroxydiphenol - Lavender Oil)*	48, 36
Pittsburgh Brush Killer *(2 4-D - 2 4 5-T)*	22
Pittsburgh Weed Killer *(2 4-D)*	22
Prestone Anti-Freeze *(Ethylene Glycol)*	25
Pro-Tex Moth Balls *(Naphthalenes)*	31
Pulvex Flea Powder *(Rotenone)*	41
Purex Dry Bleach *(Calcium Hypochlorite)*	27
Purex Pipe & Drain Cleaner *(Sodium Hydroxide)*	6
Purex Toilet Bowl Detergent *(Sodium Bisulfate)*	2
Raid Bug Killer *(Methoxychlor - Pyrethrins - Rotenone, et al cubes - Tech. Piperonyl Butoxide)*	21, 39, 41
Raid Insect Spray *(Pyrethrins - Tech. Piperonyl Butoxide - N-Octyl Bicycloheptane Dicarboximide)*	39
Raid Roach and Ant Killer *(Dieldrin)*	23
Red Devil Paint Remover *(Methyl Alcohol - Acetone - Benzol)*	1, 5, 11
Renuzit All Purpose Dry Clean *(Petroleum Distillates - Anionic Detergents - Oils)*	35
Renuzit Spot & Stain Remover *(Petroleum Distillates - Detergents)*	35
Rubber Solvent For Rubber Cements, Lacquers, Paints *(Petroleum Naphtha)*	35
Sani-Flush *(Sodium Bisulfite - Oxalic Acid)*	2, 33
Shell Solvent *(Petroleum Distillate)*	35
Shell Spirits Paint Thinner *(Petroleum Naphtha)*	35
Shell Super Strength Anti-Freeze *(Methanol)*	5
Shell Zone Anti-Freeze *(Ethylene Glycol)*	25
Simoniz Hi-Lite Furniture Polish *(Petroleum Distillate)*	35
Standard Super Anti-Freeze *(Methanol)*	5
Tavern Spot Remover *(Carbon Tetrachloride)*	16
Will-Kill Bug Killer *(Chlordane)*	18
Wright's Silver Cream *(Diatomaceous Earth - Soda Ash - Soap)*	6
Zerex Anti-Freeze *(Ethylene Glycol)*	25
Zerone Anti-Rust *(Methanol)*	5

Research in Prosthetics

COLIN A. MCLAURIN, B.A.SC., *Chicago*



FIGURE 1 (Left). Cut-away view of a standard above knee prosthesis showing disc friction unit for swing phase control.



FIGURE 2 (Right). Cut-away view of a knee bearing prosthesis showing disc friction unit mounted in the shank.



FIGURE 3 (Left). Top view of experimental below knee prosthesis showing three water filled supporting pads.



FIGURE 4 (Right). Experimental electric arm for above elbow amputee. The motor driven elbow is controlled by mercury switches located in the elbow shell.

TO THOSE ENGAGED in prosthetic research, the goal is to better the lot of the amputee by seeking improvements in prosthetic design and practice.

Research in the United States is co-ordinated by the National Academy of Sciences-National Research Council, and the responsibility for organization rests with the Committee for Prosthetics Research and Development, which evaluates the projects and advises the Government sponsors.

Research is being carried out at about thirty centers, and the scope of the items under investigation is very wide, ranging from wheelchairs which are able to climb stairs to the attachment of artificial limbs to the skeletal structure. Northwestern University Prosthetic Research Centre, which is the only facility for this type of research in the State of Illinois, operates within the framework of Northwestern University Medical School under a grant from the Veterans' Administration. Major emphasis is on the design and development of practical devices and the improvement of fitting techniques, and the team at present comprises an orthopedic surgeon, a professional engineer, a prosthetist and his assistant, a research therapist and an experimental machinist.

The Research Centre has an advantage not enjoyed by other groups in that it is situated within a rehabilitation hospital,* and therefore has unrivalled opportunities for clinic co-operation, obtaining practical experience and detailed information through the combined knowledge of doctors, therapists, prosthetists, and the amputees themselves. It also co-operates with other institutions such as Northwestern University Prosthetic-Orthotic Education, the University of Illinois, Veterans Administration Research Hospital, as well as with local limb shops and surgeons in the area who present difficult cases for consultation.

In addition to the design and fabrication of devices necessary for the solution of particular problems, the staff seeks to bring engineering

Project Director, Northwestern University Prosthetic Research Centre; Research Associate in the Department of Orthopedic Surgery, Northwestern University.

*Rehabilitation Institute of Chicago.

and technical advances from other fields as well as new methods and materials to the attention of the prosthetics industry.

In lower extremity research, efforts are directed towards achieving better stance stability, better swing control, and more comfortable sockets. A new knee for geriatrics is being tested providing greater stability with easy flexion, and intermittent friction units are being used to improve the swing characteristics in standard above knee and knee bearing prostheses (Figs. 1 & 2). Socket comfort has been improved by the use of distal pads. Silicone rubber is injected into the bottom of the socket whilst the patient is wearing the prosthesis. This forms a pad which provides an intimate fit between the stump and the socket with increased proprioception, comfort, and control over edema. Experiments are being conducted with flexible sockets and with fluid liners (Fig. 3) so that sockets will automatically adapt to changes in the size and shape of the stump. Other improvements in the lower extremity field include new methods of cast-taking for hip disarticulation amputees.

It appears that in the future, marked increase in the function of lower extremity prostheses is unlikely, but the greatest need for improvement is in socket comfort and there is hope for considerable advances in this direction.

In upper extremity prosthetics, the problems are more complex as there are more functions involved, and there is a need for more training in the use of the devices. New methods of harnessing are being devised for above elbow amputees, permitting independent control of the elbow and terminal device. Different types of materials are being tested in the fabrication of partial hand prostheses, where there is room for improvement in comfort, usefulness and durability.

The most challenging problem is that of the double shoulder amputee. There are only a limited number of control sites for harnessing a conventional prosthesis, and the best results are obtained by harnessing only one artificial limb. By utilizing the muscles of both shoulders to effect elbow and terminal device operation, some measure of independence in feeding and toilet care can be achieved. Because of the limitations in harnessing body motions, hope for improvement lies more in the application of external power. The Germans were pioneers in the use of compressed gas (usually CO_2) and have fitted over two hundred cases with pneumatic arms in the past twelve years. In this country, investigation into the uses of CO_2 is being carried out at the American Institute for Prosthetic Research in New York, at Rancho Los Amigos Hospital, Downey, California, and by the Sierra Engineering Company.

The use of electricity as a power source has great possibilities. The I.B.M. Company has been active in this field, and work is being done in France, Russia, Yugoslavia and at University of California at Los Angeles, who are particularly concerned with controls. One of the main problems is in the selection of control sites which can be easily correlated to prosthetic uses with the minimum of training. NUPRC has fabricated an electric elbow (Fig. 4) controlled by the attitude (i.e., the angle of flexion or abduction of the stump) and the Biotechnology Laboratory at UCLA is currently testing the control principle. An electric wrist providing pronation, supination, flexion and extension has been made for a college student from the Area Amputee Center at Grand Rapids. The Research Centre is at present co-operating with Michigan Crippled Children Commission at Grand Rapids to develop a prosthesis that will perform the specific functions of eating and toilet care with the minimum number of controls. A feeding arm now being fabricated provides integrated elbow and wrist motion with only one control.

Rechargeable batteries are used as a power source for electrically operated prostheses. Although there are many types to choose from, a brief investigation at Northwestern indicates that commercially available nickel cadmium batteries are adequate. These have been arranged in belt form for easy fitting to the amputee.

In the future, improvements in the functions of prostheses using conventional harnessing principles will probably be limited, and most advances will take place through the application of external power. As this form of control is more widely applied and further experience is gained in its application to the severely handicapped, it will become more useful in the commoner types of amputations.

Chronic Bronchitis: Principles of Total Management

Gordon L. Snider, M.D., *Chicago*

Chronic Bronchitis May Be Defined as a syndrome in which cough and expectoration, not due to any known cause are present on most days for three months or more during at least two successive years.

Emphysema may be defined as dilatation of the respiratory air spaces of the lung, with disruption of the interalveolar septa. These two conditions may occur separately or they may co-exist. Emphysema which is sufficiently severe to cause symptoms generally is complicated by chronic bronchitis.

Epidemiologic studies have made clear certain pathogenetic factors, but the cause of these two conditions remains largely unknown. Rational therapy is therefore directed in part against some of these known pathogenetic factors but primarily is designed to overcome obstruction of the airways by secretion, muscle spasm and inflammatory change (edema, congestion, cellular infiltration) in the mucous membrane. Treatment measures are generally much more effective in the milder, earlier forms of the disease and it is therefore important to recognize the symptom complex denoting chronic bronchitis and to start therapy before impairment has become severe with resultant disability.

Associate Professor of Medicine, Chicago Medical School.

From a talk delivered at the Teaching Conference on Chronic Bronchitis, McCormick Place, Chicago, December 3, 1962.

Control of Bronchial Irritation

The breathing of polluted air has been shown by epidemiological studies to play a role in the occurrence of chronic bronchitis. Cigarette smoking has been even more pervasive in the background factors associated with this condition. Most individuals with chronic bronchitis can do little about the polluted air of our large urban areas. However, the pollution of inspired air by cigarette smoke with its high concentration of particulate and gaseous matter is proportionately of much greater importance. Smokers with chronic bronchitis should be urged to stop smoking. It is important to tell the patient that the cessation of smoking will not completely solve his problem and that the benefits from giving up the habit may take months or even years to be fully realized.

Studies done in England suggest that there is a relationship between economic class and bronchitis; deaths from bronchitis in both men and women are more frequent in the lower socioeconomic groups. It has been suggested that this may be related to the low environmental temperatures indoors during the winter months in England. In the United States, where central heating is very wide-spread, this factor does not seem to be of much significance. Quite the contrary, in our northern cities high temperature and low relative humidities frequently result in drying of the mucous membranes and humidification of the environmental air may be very helpful. A relative humidity

of 35 to 40% with room temperature of about 70 seems to be most satisfactory. Electrical centrifugal humidifiers are most valuable for this purpose.

Control of Infection

The lower respiratory tract is similar to the urinary tract in that obstruction to drainage greatly predisposes to infection. The organisms most commonly found are those which reside in the upper respiratory tract and which are usually considered non-pathogenic. Hemophilus influenzae and pneumococci are the most frequently occurring pathogens, although their precise significance has not been determined. Infection may be heralded clinically only by dyspnea, and an increase in cough and the quantity of expectoration, and change of sputum from mucoid to mucopurulent. There may be no systemic manifestations of infection such as fever, malaise or elevation of the white blood count. Purulent sputum is the most important single sign of infection.

Prophylactic therapy given with tetracycline in a dose of one gram per day has been shown to be effective in decreasing the frequency and especially the severity of acute exacerbations of infection but is generally only necessary in patients with the more severe degrees of diffuse airway obstruction. Control of infection is rarely successful with the use of antibiotics therapy alone. Vigorous measures must be instituted to improve bronchial drainage. In the interval between acute infections, iodides are often helpful in decreasing the viscosity of the patient's sputum and making it easier to expectorate. The inhalation of aqueous aerosols is one of the most effective ways of thinning bronchial secretion. Solutes in the water stabilize the minute droplets so that they are not rapidly converted to water vapor but are deposited on the bronchial mucosa were they are either imbibed by the mucus or serve to lubricate a bolus of secretion, so that it may be more effectively raised. Such therapy may be easily given at home with an electric diagram air compressor and a nebulizer. Occasionally patients cannot cope with such simple equipment and may take aerosol therapy more effectively in association with intermittent positive pressure breathing.

Enzymes such as inhalations of pancreatic desoxyribonuolease and orally administered trypsyin or chymotrypsin have generally been disappointing in aiding the mobilization of secretion. The inhalation of a 20% solution of N-acetyl-L-cysteine seems to have a definite beneficial effect in some patients with chronic bronchitis. It appears to be more effective in those with copious, viseid, non-purulent secretion. Postural drainage alone has been of little value but has often been helpful when associated with chest clapping or vibration.

Bronchodilator Drugs

Reversible airway obstruction in chronic bronchitis may be caused by muscle spasm, or mucosal congestion and edema, as well as by increased quantity and viscosity of bronchial secretion. Epinephrine and the sympathomimetic drugs are often helpful in overcoming some of this obstruction. Ephedrine given orally, generally with a barbiturate may be used alone in the milder cases, or as base-line medication in more serious obstruction of the airways. Isoproterenol given as an aerosol in an average dose of 0.5 ml. of 0.5% solution mixed with 1-2 ml. of normal saline or some other aqueous menstruum 3-4 times daily is a mainstay of therapy. Isoproterenol aerosol administered from a hand-held pressurized container filled with an inert flurohydrocarbon propellant is advised for treatment of acute episodes of dyspnea when the patient is away from home.

Theophylline preparations are valuable in lysing bronchial muscle spasm. It is difficult to give adequate doses orally because they are gastric irritants, although in occasional patients oral preparations may be helpful. They are best given rectally and the retention enema is least irritating over long periods of time. In acutely ill dyspneic patients a slow intravenous drip of 1 Gm. liter of solution is often very effective.

Adreno-Cortical Steroid Hormones

The adrenocortical steroids, while dramatic in the patient with bronchial asthma, most often have been disappointing in patients with obstructive disease associated with chronic bron-

chitis. Patients may feel better while taking them due to their general tonic effect. Consequently, in making a decision as to whether the therapeutic effect justifies the toxicity resulting from long term use pulmonary function should be evaluated with objective tests before and following a brief period of these drugs. The physician should not rely on the patient's symptoms alone. In the acutely ill patient steroids are often helpful because of their nonspecific anti-inflammatory effect but should be used in a short (7 to 14 day) course.

Breathing exercise, which emphasize slow inspiration and prolonged or assisted expiration, are valuable in overcoming or avoiding acute pulmonary overdistention due to air entrapment. Physical reconditioning with the assistance of oxygen breathing has recently been advocated and appears to have some merit. When polycythemia supervenes, phlebotomy should be carried out in patients whose hematocrit is above 55%. A single venesection should not exceed 250 ml. in amount and blood should be withdrawn slowly.

Comment On Our "Heart Month" Article

Many environmental studies are being conducted on large numbers of people to uncover the high risk factors in myocardial infarction. These include the well known studies of Dawler of Farmington, Stamber of Chicago, Doyle of Albany and those of Keys, Griffith, and the National Advisory Heart Council. Stamler in this issue estimates that among American men 45 through 64 years of age, one of every five will develop coronary disease. Among men of similar age free of aggravating risks, obesity, hypertension, hypercholesteremia, and an abnormal electrocardiogram, the chances of developing cardiovascular disease is one in 30.

The investigator must know all about the person to predict coronary disease. Most of the studies mentioned above are being done on individuals before they develop heart disease or sudden death.

Arnold Brown[1] conducted a somewhat similar survey on the relatives of 536 persons 45 to 65 years of age who had died from coronary thrombosis and compared the results with similar information from 642 controls of the same sex and age groups. He found that "There was no evidence to establish that family circumstances, holidays, consumption of fat, alcohol, or tea, times of meals or of rising or going to bed, participation in sports or games, visits to club or hotel, employment (in the case of women) addiction to radio or television, overtime or night working, and whether the job was manual or not, heavy or light, affect the likelihood of death from coronary thrombosis."

He reported also that the death rate among farmers and agricultural workers was much lower in middle age than any other socio-economic group. Work during leisure lessened liability to death from coronary thrombosis. The death rate was highest among sedentary workers but to hold a position of responsibility at work does not carry additional risk.

As in other surveys, there was a higher death rate from coronary disease among smokers (except pipe smokers) and among the overweight manual workers. Heredity and psychological factors also were suspect. He noted also that "there were significantly fewer deaths among coffee drinkers." This is not surprising since the study was made on English residents in Cheshire.

Surveys conducted in retrospect, that is long after death, produce considerable data that is interesting but of questionable value. In contrast, the results of the environmental studies of Stamler and others gives us data that we can use in everyday practice. The coronary prone individual is well defined. In addition, the abnormalities that make him an added risk can be corrected with diet and medication.

REFERENCE

1. Brown, Arnold: Coronary Thrombosis An Environmental Study, British Medical Journal 507 (Sept.) 1962.



Survey of Hektoen: Pioneer in Medical Research

Paul B. Szanto, M.D., *Chicago*

What it is . . .

The Hektoen Institute for Medical Research of the Cook County Hospital was incorporated in 1943, and is a non-profit organization. It is the research facility of the Cook County Hospital. It is governed by a Board of Trustees of both lay and professional persons.

The Board of Trustees of the Hektoen Institute for Medical Research recognizes that the Institute must provide adequate facilities for research projects integrated with the clinical problems and interests of the members of the full time staff and attending staff, and with the training program for the members of the house staff, of Cook County Hospital.

What it does . . .

Within the Department of Medicine, the Renal Team studied the natural history of glomerulonephritis, with reference to the relatively high rate of morphologic progression to chronicity in adults as contrasted to the high incidence of healing in children. Simultaneously, comprehensive experimental studies of streptococcal-related glomerulonephritis were conducted in the Immunochemistry Laboratory. In the Physical Chemistry Laboratory, urinary alpha globulins were isolated in both human and experimental glomerulonephritis and their isolated fractions related to the activity of various stages of glomerulonephritis.

The Department of Gastroenterology carried out clinical investigations of liver function tests in reference to the differential diagnosis of jaundice, and problems related to the treatment of ulcerative colitis and regional enteritis.

The current research of the Department of Endocrinology is concerned with phosphate metabolism in parathyroid disease, the interrelation of thyroid hormones and sympathetic catecholamines, and the normal and pathologic secretion of anti-diuretic hormones.

The Department of Adult Cardiology undertook studies dealing with the development of a hemodynamic method for evaluation of mitral orifice size for assessment of valvular function prior to surgical correction of valvular

Chairman, Scientific Committee of the Hektoen Institute for Medical Research of Cook County Hospital.

lesions. A series of investigations was advanced in cardiomyopathy, and spatial vectocardiography.

The research program of the Department of Hematology included immuno-hematologic, electron microscopic, and tissue culture investigations in reference to leukemia virus, and studies of the various aspects of blood coagulation and radio-hematology.

Among the important research activities of the Department of Radiology, we would like to mention specifically studies about the statistical evaluation of the results of tumor therapy, original investigations in the various fields of x-ray diagnosis, and the use of radioisotopes.

The Department of Pediatric Cardiophysiology carried on its activities in the tradition of its founder, the late Dr. Benjamin Gasul. Clinical and experimental research in the various fields of pediatric cardiology was continued, and some of the important projects were completed.

The Congenital Heart Disease Research and Training Center, supported by the Chicago Heart Association and the United States Public Health Service, continued its important research and teaching activities. The numerous publications and presentations of this department reflect the activity of this organization. One of the most significant research projects of this group is concerned with the production of cardiac malformations by specific anti-heart tissue antibodies.

The activities of the Department of Surgery were devoted to clinical studies. A tissue bank, for acquisition of needed skin for patients in the Pediatric Burn Unit, became operational in 1962. Extensive investigations were carried on about the "take" and "rejection" of homografts.

The Department of Anesthesiology explored clinical and laboratory problems related to new analgesics, surgical relaxation, pain problems, and neuromuscular pathology.

The Department of Biochemistry participated in many of the research and teaching projects of the various departments. Among other projects carried on by this department, the development of enzyme profile as an aid in the differential diagnosis of various liver diseases, and development of methodology for the diagnosis of hepatic coma deserve emphasis.

The Protein Metabolism Team studied problems related to the effect of the fetal thymus and adrenal gland on the formation of serum gamma globulin, and the immunologic properties of the parathyroid hormone.

The research activities of the Department of Pathology were centered around the pathology of chronic alcoholism affecting various organs, especially liver, pancreas, central nervous system, heart, and kidney. The morphologic characteristics of nutritional (alcoholic) hepatitis as a precirrhotic disease have been established.

The Institute plans the organization of "Common Facility Resources", such as creation of a "biostatistical unit", a "computing center", and at a later date a "biomedical engineering unit", which will utilize the technical "know-how" of electrical engineers to support the research of experimental pathologists, for a better understanding of pathologic aberrations of the complex biological systems, and to develop new instruments for diagnosis and treatment of patients.

"Operation Eagle Eye"

Justin Fleischmann, M.D.

"I am only one, but I am one; I can't do everything, but I can do something; and what I can do, that I ought to do; and what I ought to do, by the grace of god I shall do."

Edward Everett Hale

At No Time Have These Immortal Words been more pertinent than in this year of titanic struggle between free countries and slave states. We are presented with the concept of personal freedom coupled with personal responsibility on one side and regimentation and welfarism on the other: one, a society basing its existence on the concept of a Supreme Being from Whom all life derives; the other, a society in which the state itself is supreme.

The medical profession through the ages has existed for the care and welfare of the individual rather than the manipulation of amorphous "masses." In order to become a physician, one must be an individualist to begin with. It is easy to understand why the members of the medical fraternity, with a few exceptions, are on the side of personal liberty and free enterprise.

The doctors in the Northwestern suburbs of Chicago feel very strongly about this issue, and their political determination was strengthened by the Medicare battle. They formed a Northwest Suburban Chapter of IMPAC (Illinois Medical Political Action Committee) and engaged in fund-raising campaigns, letter-writing to their patients, public speaking, newspaper advertising, and many other activities emphasizing their standpoint. As the political campaign for the last election increased in intensity, it was felt that more direct action in the election would be desirable. Inquiries were made regarding ways in which they might demonstrate their willingness to carry the burden of social responsibility expected of them as leaders in their respective communities. It was found that one of the political parties was initiating an activity suitable to this IMPAC chapter; particularly so, because it would be carried out on a strictly nonpartisan basis.

The activity in question was called "OPERATION EAGLE EYE". On September 24th, a representative from this group attended an IMPAC meeting and explained that "OPERATION EAGLE EYE" consisted of poll-watching in Chicago.

The organization had done a considerable amount of research which resulted in a special map of Cook County, pinpointing the areas of greatest concentration of vote fraud and other voting irregularities. It was planned to send teams of three poll watchers into each precinct in these areas who would be watching election procedure from the moment the polls opened until the last vote was counted. This was considered particularly necessary in view of the fact that in most precincts in these Wards no true two-party representation of election officials existed. Regional headquarters would be established from which radio-equipped cars with lawyers and witnesses could be dispatched to trouble areas to initiate legal action right on the spot. The consensus of opinion at the meeting was to support this excellent project. The group would choose their own locality of operation in Chicago. Sixty-five of the 66 members attended one two-and-a-half hour session of instruction on the detection of vote frauds, proper election procedure, and the techniques to be used in "OPERATION EAGLE EYE". This course was given by an attorney. The session was taped in its entirety for subsequent use by others who might wish to participate.

We were able to form 22 teams, each composed of one physician and two patients (one male and one female).

The next step was a precinct canvas, to be executed by the individual groups the week-end before the election. To facilitate this, ward maps were obtained in sufficient quantity and distributed, so that each group could make its own large scale map of the precinct for reference during the election. On these maps were

marked all vacant lots, schools, fire stations, garages, and other nonresidential buildings. The canvas itself consisted in most cases of comparing the official list of all registered voters with the houses and the number of voters they might contain. This proved effective, because practically all teams found a few voters registered illegally. The writer's group found two voters registered at addresses outside the precinct boundaries and three persons who had registered from business establishments which did not contain living quarters. This fact was ascertained by personal inspection at which time these persons were warned of the possible consequences of voting on the strength of these illegal registrations. As it developed, none of these persons attempted to vote on Election Day.

At about 4:30 a.m., all male members of the team were picked up by pre-established car pools and arrived at their assigned polling place before 5:30 a.m., equipped with credentials as poll watchers and challengers, poll sheets, precinct maps, and a book of voting regulations issued by the Chicago Board of Election Commissioners. The first irregularity our watchers observed was precinct binders which were already open, the seal having been illegally broken the previous evening. All these cases were immediately reported by telephone to headquarters. One of the physicians actually obtained a signed statement from all five judges to the effect that they had illegally opened the precinct binder the night before.

The 22 ladies in the IMPAC poll-watching group voted in their precincts as soon as the polls opened and then took the place of one of the respective male members who was then picked up by the car pool and taken back to his precinct to vote. When he returned from voting, and from making hospital rounds, he relieved the third member of the team, who then went home to vote and to return before 6 p.m. In this manner, two poll watchers were present at all times and all three poll watchers were present after six o'clock to watch the vote counting.

During the entire day, extensive notes were made of all irregularities observed. Challenges were made on all major violations. In many cases judges entered the voting booths ostensibly to show voters how to use the voting machines. However, because these election officials made the error of closing the curtains, it was natural for us to question who actually did the voting. This practice was stopped in all cases by a challenge or, if this was not sufficient, by calling "EAGLE EYE" headquarters and getting a team of lawyers out who took statements and left everyone somewhat shaken. In other cases precinct captains conducted electioneering in the polling place or at the entrance. This was stopped in the same way. The experience of one of the doctors was particularly interesting and is quoted verbatim from his written report.

"Another irregularity consisted of the precinct captain and his lieutenant standing at the door of the polling place, shaking the hand of each voter as he entered, and stating to the person, 'Be sure to vote a straight ———— ticket.' Having unsuccessfully asked these two gentlemen to desist from this practice, I spoke to the election judges, who also took no action. Then I spoke to the policeman on duty. He likewise did not choose to halt this activity. Accordingly, I called the headquarters of "OPERATION EAGLE EYE" and spoke to the attorneys about the matter. They very promptly arrived on the scene, observed this activity, and spoke to the two gentlemen who were involved in the improper electioneering. These men denied that they were doing any thing except shaking the hands of their friends, but after this conversation with the attorneys I noticed that they moved their activity down to the corner of the block where they would then not be engaging in anything illegal.

"It is interesting to note that following the arrival of the two attorneys, the policeman on duty came up to me and asked me who these individuals were, where they had come from, and whether I had been the one to summon them. I merely mentioned that these men were from the "election commission" and that I had summoned them, because no one had taken any action as I had requested. After that, the policeman was extremely cooperative; he also expressed the desire that no further calls of this nature be made and said that he would be happy to keep the polling place in order.

"The final election difficulty came shortly after 6 p.m. The two other poll watchers and I had made certain that we would be in the

polling place at that time, when the door would be locked by the policeman. The precinct captain of one of the parties was also in the room but decided to leave. No comment was made at the time, and he accordingly left the polling place. Approximately 20 minutes later he returned and pounded on the door for admission. The policeman went to open the door, but I objected, and read the rule that until the votes have been counted no one shall be admitted to the polling place after 6 p.m. A great deal of commotion ensued, including calls from the election commission and from the attorney for the election commission — who stated that the precinct captain was to be admitted. I was called to the phone to talk to the attorney, and after his explanation I told him that I did not know who was really on the phone. I also said that the rules were clear and that the precinct captain would not be admitted. However, during the course of this confusion, the only competent election judge was called to the phone outside the polling place and could not be readmitted until the precinct captain was likewise allowed to return. The lieutenant (of the precinct captain) was anxious for me to rule on this matter. I stated that I was not an election judge, and that it was up to the judges in charge to determine who would or would not be admitted to the polling place. The election judge and the precinct captain were finally allowed to come into the room.

"We then stayed until the end of the counting, and no further irregularities were encountered."

In all cases a complete report, including the names of voters who had been assisted illegally and voters who voted on affidavits (without being in the precinct binder or poll sheet) were forwarded to "OPERATION EAGLE EYE." Officials are correlating our reports and contemplating action to be taken.

In most cases, however, the precinct captains were quite friendly and even somewhat patronizing. The writer's team was told that the precinct was preponderantly Republican and that, therefore, it would be in the interest of the watchers to allow improperly marked ballots to be counted if the voters intention could be recognized and that this had been the custom in the precinct for years. The precinct captain who made this statement was told in no uncertain terms that the watching was being done on a strictly non-partisan basis and that the watchers would adhere to the letter of the law regardless of party affiliations of the voter. As it turned out the first improperly marked ballot was a straight Republican ballot with the "X" mark above the word "Republican" and not in the box. The watchers were questioned about this ballot and decided that it should be thrown out. After this show of impartiality no further difficulties in the vote counting were found and about 3 a.m. all tally sheets were completed, found to be correct and dispatched to the election commission. Some of the teams in other paper ballot precincts had to continue working on the count until 5 or 5:30 a.m.

In looking back on the experience of all the teams it must be stated that the enthusiasm of all members was tremendous and that all participants commented on the necessity of keeping the teams intact and of using them in future elections.

Looking to the future, meetings of the teams will be scheduled for further indoctrination and a program will be developed to accomplish the following objectives:

1. Enlargement of the operation by recruiting additional physicians and lay persons for further teams.
2. Employment of the teams in this year's aldermanic and mayorial elections in Chicago if this is legally possible, with the sole objective of abolishing as many of the irregularities as possible and of coming as close as possible to proper and impartial evaluation of each individual vote. This time a regular house-to-house canvas is planned in order to get non-registered voters registered and in order to find reliable local precinct workers to replace persons who were acting as judges and precinct captains for one party when their loyalties were with the other.

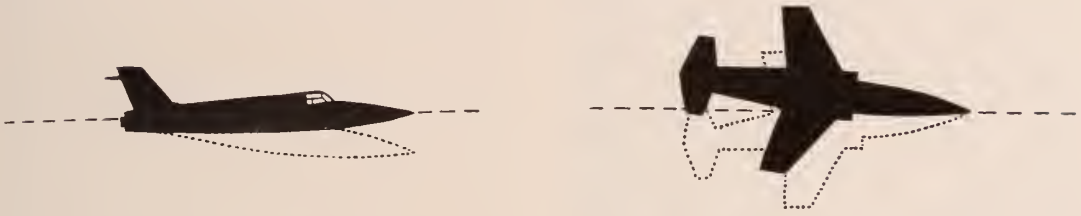
Summarizing, it may be stated that participation of doctors in "OPERATION EAGLE EYE" was a resounding success. Politicians and voters seemed impressed with the political awareness and fairness of the doctors, and especially with their willingness to devote valuable time to direct political action.

The voice of medicine has been heard and should carry more weight in the future. It is hoped that this action will stimulate others in the professions to assume their civic responsibility.

Ground-Air Distress Signals

JULIUS M. KOWALSKI, M.D., *Princeton*

AIRCRAFT ACKNOWLEDGMENTS



Positive (yes) Negative (no)

On the third day of aerial searching the sighting was made in the thickening Arctic gloom. Beside a trapper's cabin was a bush pilot's airstrip hacked out of the brush, wind swept to bare ground at one end and rippled with drifted snow at the other. Here in the deeper snow a P-51 lay on its back. The other Mustang was about a thousand yards away from the ill-fated plane and a long sharp streak in the snowy corrigations told of the successful belly landing on the ice locked Yukon River. But no sign of life, no mark, no signal fire. Circle again and again; throttle back the engines, then to full r.p.m., shallow dives in the purple darkness, but all the noisy maneuvers of the B-25 aroused nothing below. Back to Ladd Field.

At Base Operations queries were many. Why no signal? What were the possibilities of their being alive? Could the two pilots have survived the frigid cold and gale winds of the past three days if they were fortunate to walk away from their landings? If injured, how severely? Should medical supplies and food be dropped near the cabin? The distance from the Base to the downed planes is the ultimate range of helicopters, so tomorrow we will be off with supplies, splints — and two body bags.

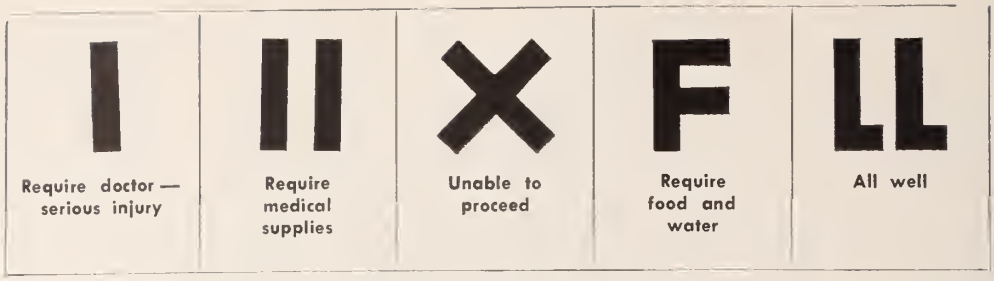
How heartwarming are the greetings exchanged between comrades in this vast wilderness when only recently there were foreboding apprehensions! Yes, they were hail, hearty — only abrasions and contusions.

BODY SIGNALS



Require doctor — serious injury All well Pick us up

This account and thousands more like it have at least one element in common, namely, lack of ground-to-air communication. This mode of expression is frequently associated with military mishaps, but each year many individuals and groups find themselves in circumstances where such communication would be of considerable value to them. The lost hunter and the trapped mountain climber are publicized infrequently, but each year men are suddenly isolated from others and under the circumstances responsible



GROUND-AIR EMERGENCY CODE

for their misfortune, all conventional lines of communication are disrupted. For hours or days, a person cannot make known his needs, if any, to eager rescurers. Tornados and hurricanes isolate groups with frequent regularity. In metropolitan areas where many square blocks are levelled, people at times are cut off by the rubble. Isolation of rural communities by storms, blizzards or floods occurs so often that a story of property loss, hardship and death from these phenomena is recounted almost daily by the press wire services.

During these times of disaster, every facility and resource of the involved community is under stress as never before. The most simple communicative means are often overlooked in the confusion. The accepted ground-to-air emergency code should be known by both children and adults. No one can tell when this information may be expedient.

The straight bar (Roman numeral I) indicates serious injuries and need for immediate medical care.

Parallel bars (Roman numeral II) indicates a need for medical supplies and tells that the injuries are relatively minor and can be coped with temporarily until a rescue is effected.

A large X indicates that routes of egress are blocked or means of transportation are lacking so they are unable to proceed.

The block F is a request for food and water and suggests that in all other respects the isolated party's needs are met.

The double LL is a welcome sign that all is well.

Naturally, all persons wish to be rescued as soon as conditions permit, but in the event of widespread disaster, a system of priorities must be established and the most urgent conditions resolved first.

Identifying a person on the ground even from low flying search aircraft is most difficult, often impossible, but large blocks as explained above are the signs that rescue personnel are seeking.

Making these blocks in an open, readily visible area is most important. The larger the characters, the more easily they can be spotted. Making them of materials contrasting with the background is most desirable. Tramping down the snow and filling the paths with brush make a mark easy to identify. On ground covered with green vegetation, tramping down grass, scraping to the underlying soil or burning the vegetation for contrast is effective. On bare soil, the characters should be made with foliage or rocks, if possible.

Small, low flying planes or helicopters can spot individuals more easily than large, fast planes. The body signals can then be used as the plane circles overhead.

Lying supine on the ground with arms outstretched above the head indicates need for urgent medical assistance.

Standing with right arm extended above the head indicates all is well; both arms over head means "Pick us up."

The acknowledgment by a search plane is similar to the nod of the head: for affirmative, yes is accomplished by dipping the nose of the plane down and then up — a roller coaster maneuver. Negative or no is like shaking the head from side to side and is done by swinging the plane's tail section from side to side.

The number of small private planes and fliers' clubs are ever increasing. The military, law enforcement agencies and various federal departments with flight compliments are well versed in search and rescue operations. Be assured in that they will comb every area for missing persons. But, the lost or stranded one can help his own cause greatly by knowing a few simple ground-to-air signals.

Keep the fires large — smudge by day, bright by night — and may you never need them.

Dr. David F. Whited— Dahlgren's Beloved "Old Country Physician"

ROLAND R. CROSS, JR., *Chicago*

THE "OLD COUNTRY PHYSICIAN" eulogized in poem and story as spending a lifetime in one small town, responding to all sick calls, going in all kinds of weather wherever and whenever needed, is fast becoming an extinct image of Americana. In the small town of Dahlgren, Illinois, however, this image remains a stalwart and hard-working reality—in the person of David F. Whited, M.D.

On January 8, 1963, Dr. David Franklin Whited celebrated his 90th birthday. He has served his community for several decades and many families for four generations. Dr. Whited was born in Armstrong County, Pennsylvania, in 1873. The family moved to Dahlgren in 1888 where they bought a farm about one and a quarter miles north of town. As did many young men of that time, Dr. Whited taught for a few terms in the rural schools while gaining his own education. In 1895, he enrolled in the Medical Department of the University of Nashville in Nashville, Tennessee, and was graduated on March 30, 1898, which means he will soon have practiced 65 years. In 1897, the year before his graduation, he married Josephine Grigg of Dahlgren, but, after his graduation, they settled in White Bluff, Tennessee, for his initiation into the active practice of medicine. This lasted for only two years, and in 1900 they returned to Dahlgren which has been "home" ever since.



PATIENT CALL. Although well-worn bags at lower right of photo are ready for house calls, Dr. Whited seldom sees patients at their homes any more unless someone takes him there and brings him back.

Dahlgren is a rural community in Hamilton County. Dahlgren now has a population of slightly under 500, but it was once about 700. When Dr. Whited first returned to Dahlgren, there were two other physicians already practicing in the community, and at one time during his practice there were five physicians (which, of course, is a large number for a small community), but today he is the only physician in town.

DASHING YOUNG M.D.—Dr. Whited in 1898, upon receiving his medical degree from the University of Nashville.





"DOUBLE-DUTY DOCTOR." Dr. Whited dispenses, as well as prescribes his patients' medicines.

Hamilton County had no all-weather roads until the 1930's. This meant the roads were muddy much of the time, especially during the thawing springtime.

Few physicians today can fully appreciate having to make a sick call on horseback at 2 a.m. in the rain on muddy roads, a call which may or may not be paid for. Accidents might well be expected, and Dr. Whited had his worst accident in 1918 when the steering gear of his car failed as he was approaching a bridge over a small creek. The car plunged into the creek. Dr. Whited sustained a broken leg and other injuries. A local resident improvised an ambulance by putting a steel cot across the seat of a Model-T Ford car, and, thus, brought the doctor into Dahlgren. It was decided that he should be hospitalized—but the nearest hospital was 20 miles away by dirt road in Mt. Vernon, Illinois. So Dr. Whited, cot and all, were put aboard the baggage car of the Louisville & Nashville train. To cushion him against the bumps, four men held the cot suspended for the entire trip to Mt. Vernon. The leg was in traction for approximately three months. Since that time, Dr. Whited has had a slight limp on walking.

At his 90th birthday celebration, January 8 this year, hundreds of appreciative Dahlgren citizens crammed into the school gymnasium to pay him homage. At least 65 "babies" delivered by Dr. Whited in past years gave the doctor a rousing ovation. Among the gifts received was a hat containing a check for $1,435.

Dr. Whited's office comprises a waiting room and an examination room—and, in addition, a drug room, for he has had to dispense his own medicines. He still has a pair of horn pan balances from the days when he had to measure out powders. The file cabinet contains birth records dating back to 1906 with more than 3,500 children's names. His inner office contains an old, roll-top desk with, among other things, an old ash tray close at hand, for Dr. Whited has always enjoyed a good cigar.

Dr. Andy Hall of Mt. Vernon and the president of the Illinois Medical Society's 50-year Club presided at a "Dr. Whited Day" in 1949 when donations from 950 families produced $2,800 in gifts, one of which was a new car.

Dr. Whited was again honored in 1960 when Hamilton County dedicated their new hospital. Many donations were made in his name, and he was honored with a lifetime staff membership. The hospital, however, came too late to be of service in his practice, for, by this time, it was necessary for him to curtail his practice to regular office hours in the old Post Office Building where he has been for years, and where he still sees patients six days a week. On the wall of the office hangs an Illinois Medical License issued in 1898.

One of the staff writers for the Mt. Vernon Register-News—Lloyd DeWitt—wrote about Dr. Whited as follows: "Perhaps the reason why people like him so much is that he makes them feel at ease. He has escaped the crabbiness that is so often associated with old age . . . along with infinite patience and gentleness, he has a feeling of humility and sincerity. If he thinks the patient has a condition that he cannot help, he tells him so and makes no charge."

Dr. Whited's wife died in 1952, but there remain a sister and brother living in Tennessee, a son and daughter, three grandchildren, six great-grandchildren and two great-great-grandchildren.

An all-around community citizen in addition to serving the area as a physician, Dr. Whited was a village alderman, and, beginning in 1910, was President of the Village Board for 16 years. He served a number of years on the School Board of the Dahlgren school system, and was, in addition, a member of the Hamilton County Non-Highschool Board. He is a 32nd Degree Mason and a Shriner, having been a Master Mason for over 50 years.

As a child and young man growing up in Dahlgren, the author frequently was able to admire first-hand the quiet dignity and sincerity Dr. Whited always displayed. These are the virtues which remain consistent with the highest tradition of medicine in any era.



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WALLACE LABORATORIES / Cranbury, N. J.

The View Box

Leon Love, M.D., *Chicago*



Figure 1.

A 71-year-old white male presented with a history of abdominal pain, constipation, and vomiting of one weeks' duration. The pain began intermittently but became severe and constant in the last 24 hours.

Physical examination revealed an acutely ill patient with the abdomen markedly distended and showing generalized tenderness and rebound tenderness. The bowel sounds were hypoactive.

The patient was sent to surgery after abdominal X-rays were obtained.

What is your diagnosis?

1) Sigmoid volvulus
2) Perinephric abscess
3) Large bowel obstruction
4) Perforated cecal volvulus

(continued on page 178)

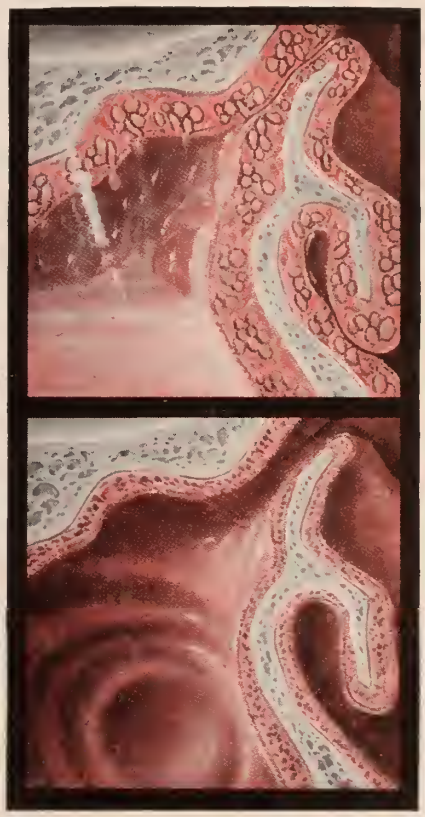


Figure 2.

From the Cook County Hospital

In colds and sinusitis

unsurpassed in providing drainage space without chemical harm



The clogged sinus
In sinusitis, the mucous membrane becomes hyperemic and edematous, lymph glands and goblet cells hyperactive. Ostium is closed by edema and secretions cannot drain freely.

The normal sinus
Magnified anatomy of a portion of maxillary sinus showing mucous membrane with cilia and lymph glands. Ostium is normal and patent.

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hydrochloride

NASAL SPRAYS AND SOLUTIONS

When there is nasal turgescence, tiny orifices of sinus ostia tend to clog. Neo-Synephrine nasal solutions and sprays reduce edematous tissues on contact to provide prompt relief. As turbinates shrink, obstructed sinus ostia open, drainage and breathing become freer and the boggy feeling of a cold disappears.

Delicate respiratory tissue and its natural defenses are not harmed by exceptionally bland Neo-Synephrine; systemic effects are nil; it does not sting. For years it has been recommended for prevention and treatment of sinusitis.[1-3] Repeated applications do not lessen effectiveness.

Available in plastic nasal sprays for adults (½%) and children (¼%), in dropper bottles of ⅛, ¼ or 1 per cent.

1. Grant, L. E.: Coryza and nasal sinus infections, **Clin. Med. & Surg.** 42:121, March, 1935. 2. Putney, F. J.: Sinus infection, in Conn, H. F. (Ed.): Current Therapy 1952, Philadelphia, W. B. Saunders Company, 1952, p. 110. 3. Simonton, K. M.: Current treatment of sinusitis, **Journal-Lancet** 79:535, Dec., 1959.

Winthrop LABORATORIES
New York 18, N.Y.

The View Box — diagnosis and discussion (continued from page 176)

Diagnosis is cecal volvulus with perforation of the cecum.

Survey film (Fig. 1) of the abdomen revealed the gas-filled cecum to be greatly distended and situated from the right side of the abdomen to the left of the lumbar spine. Numerous loops of dilated small bowel converge toward the dilated cecum on its lateral aspect, indicating probable 180 degree rotation. The enlarged, markedly distended cecum with no haustral pattern visible reveals two long air fluid levels on the upright film. There is a left rotation of the twisted cecum. No large bowel is seen distal to the cecum.

In Figure 1 there is also air which outlines the contours of the small bowel demonstrating the outer as well as the inner margin of bowel, indicating pneumoperitoneum which is confirmed in Figure 3.



Figure 3.

REFERENCE

Frimann-Dahl, J.: Roentgen Examinations in Acute Abdominal Diseases, pages 184-188. Charles C Thomas, Publisher.

Indications for the Tuberculin Test

— When TB strikes infants, it is often quickly fatal. That is why parents and baby sitters should be tuberculin tested.

—TB picked up in childhood may go to work during adolescence. That is why high school students should be tuberculin tested.

— TB often disables for years. That is why those who have family responsibilities should be tuberculin tested.

— TB may remain inactive for a long time only to go on the warpath during old age. That is why the aging should be tuberculin tested.

— TB is prevalent in many foreign countries. That is why returning military personnel, travelers and immigrants should be tuberculin tested.

— When one member of a household is a reactor, all others in it should be tested because they may have been infected by the same source.

— X-ray films reveal the damage done by tuberculosis, but not infection. That is why even those who have a negative chest film should be tuberculin tested.

— TB can do extensive damage without causing any symptoms. That is why those in apparent good health should be tuberculin tested.

— TB can strike anyone. That is why *you* should be tuberculin tested.

J. Arthur Myers, M.D. Recommendations approved and supported by the Tuberculosis Committee, Illinois State Medical Society.

indication:
accidental trauma



indicated:
Chymoral®

ORAL systemic anti-inflammatory enzyme tablet

92% Excellent/Good Results in 6,929 cases[1-4]

Whether the patient presents simple edema and inflammation from a sprained ankle or severe lacerations and bruises from a violent accident, immediate use of Chymoral cuts healing time. Chymoral modifies the inflammatory reaction, dissipates edema and blood extravasations, thus accelerating the body's natural reparative action.

controls inflammation, reduces swelling, relieves pain

1. Physicians' Reports to the Medical Department, Armour Pharmaceutical Company, 1961. 2. Beck, C., *et al.:* Clin. Med. 7:519, 1960. 3. Teitel, E. H., *et al.:* Indust. Med. *29:*150, 1960. 4. Billow, B. W., *et al.:* Southwestern Med. *41*:286, 1960.

CHYMORAL is an ORAL anti-inflammatory enzyme tablet specifically formulated for intestinal absorption. Each tablet provides enzymatic activity, equivalent to 50,000 Armour Units, supplied by a purified concentrate which has specific trypsin and chymotrypsin activity in a ratio of approximately six to one. ACTION: Reduces inflammation of all types; reduces and prevents edema except that of cardiac or renal origin; hastens absorption of blood and lymph extravasates; helps to liquefy thick tenacious mucous secretions; improves regional circulation; promotes healing; reduces pain. INDICATIONS: Chymoral is indicated in respiratory conditions such as asthma, bronchitis, rhinitis, sinusitis; in accidental trauma to speed absorption of hematoma, bruises, and contusions; in inflammatory dermatoses to ameliorate acute inflammation in conjunction with standard therapies; in gynecologic conditions such as pelvic inflammatory disease and mastitis; in obstetrics as episiotomies and breast engorgement; in surgical procedures as biopsies, hernia repairs, hemorrhoidectomies, mammectomies, phlebitis and thrombophlebitis; in genitourinary disorders as epididymitis, orchitis and prostatitis; in dental and oral surgery as fractures of the mandible or maxilla, difficult or multiple extractions, and alveolectomies. CONTRAINDICATIONS: None known. INCOMPATIBILITIES: None known. Antibiotics as well as generally accepted measures may be coadministered. SIDE EFFECTS: Mild gastric upsets, rarely encountered. DOSAGE: Recommended initial dose is two tablets q.i.d.; one tablet q.i.d. for maintenance. SUPPLIED: Bottles of 48 and 250 tablets. Issue: Rev. Jan., 1963

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....the first choice of many physicians to relieve aches, pains, fever, and general malaise of colds and flu.

Symptomatic and supportive treatment of patients with upper respiratory infections still consists largely of rest, analgesics, fluids and nasal decongestants. During the fateful influenza epidemic of 1918, 'Empirin' Compound was widely used and became well known as a well tolerated and reliable analgesic combination. It was one of the few available analgesic products effective in simultaneously reducing fever and relieving the general malaise which often accompany the flu.

Later, 'Empirin' Compound with Codeine took its place with the widely used 'Empirin' Compound, as a product useful when increased analgesia or antitussive action was desired. Today, 'Empirin' Compound with Codeine is one of the most widely prescribed drugs in medicine, providing physicians with a dependable analgesic, especially useful in relieving the symptoms of colds and flu. We believe you will also find 'Empirin' Compound with Codeine Phosphate gr. ¼ (16 mg.) or gr. ½ (32 mg.) particularly useful in treating the troublesome cough that is often part of the influenza symptom complex.

'EMPIRIN' COMPOUND with CODEINE PHOSPHATE *



gr. ⅛ gr. ¼ gr. ½ gr. 1



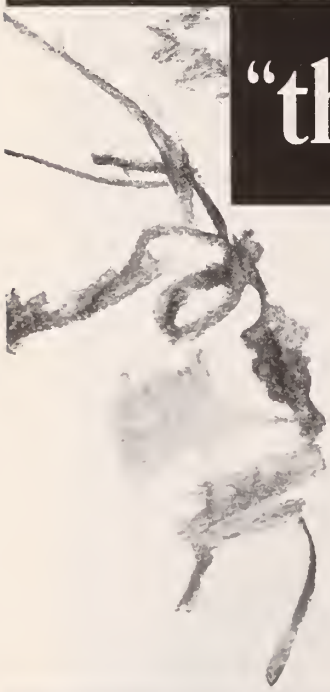
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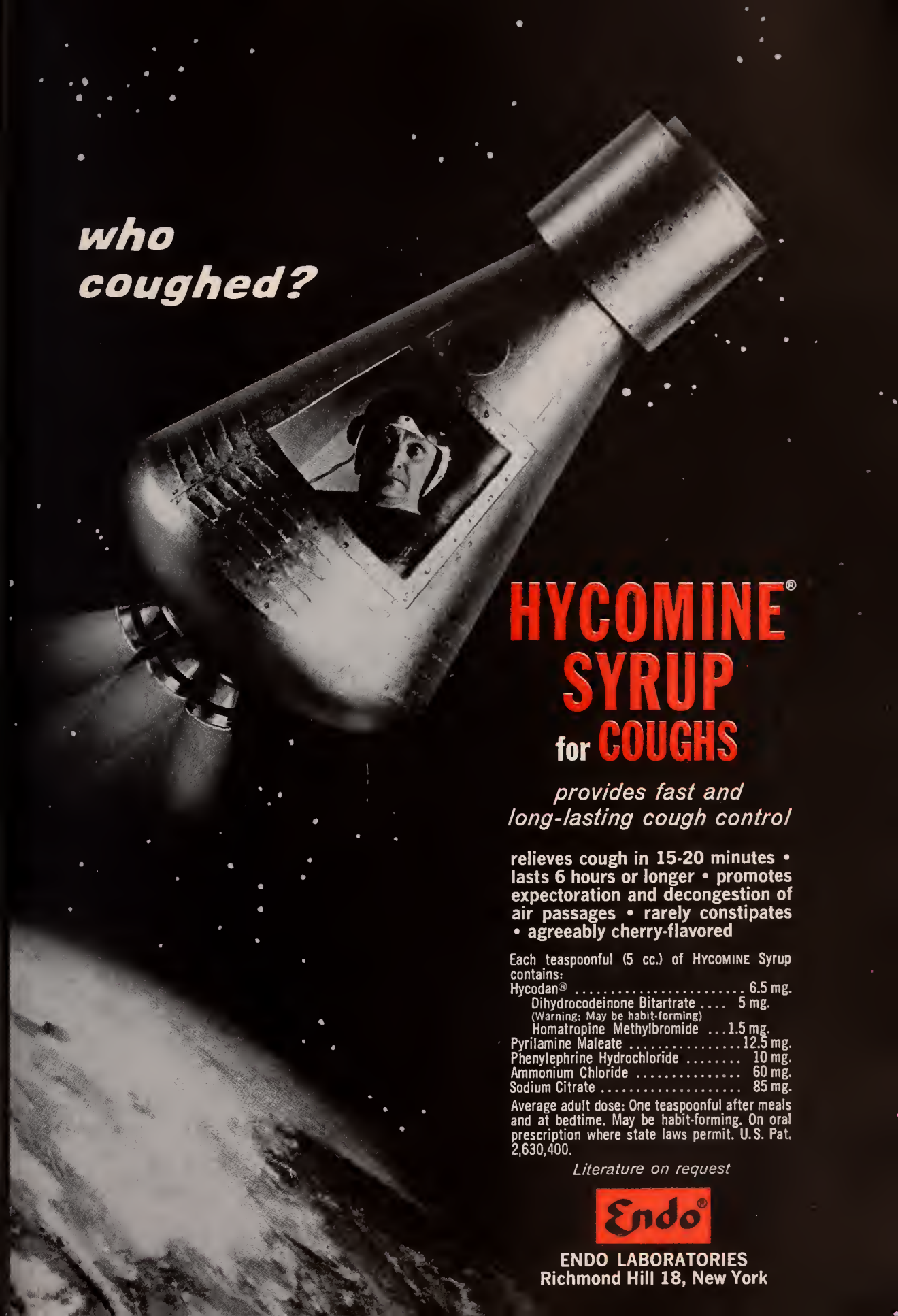
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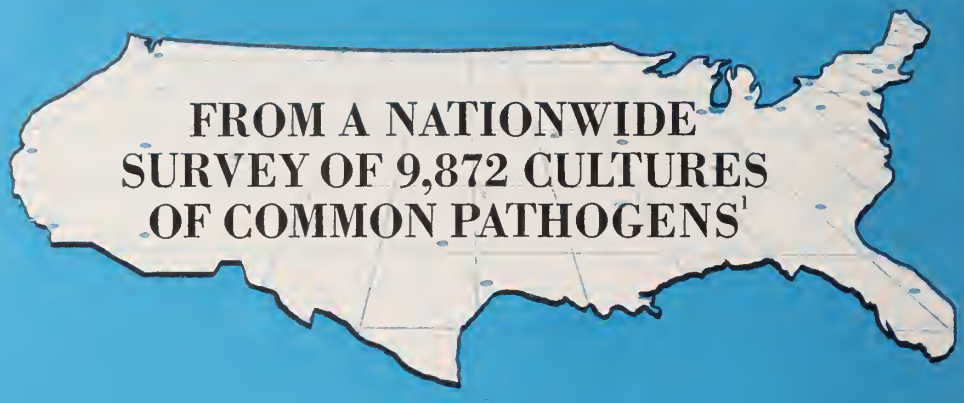
Hycodan®	6.5 mg.
Dihydrocodeinone Bitartrate (Warning: May be habit-forming)	5 mg.
Homatropine Methylbromide	1.5 mg.
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Phenylephrine Hydrochloride	10 mg.
Ammonium Chloride	60 mg.
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Literature on request

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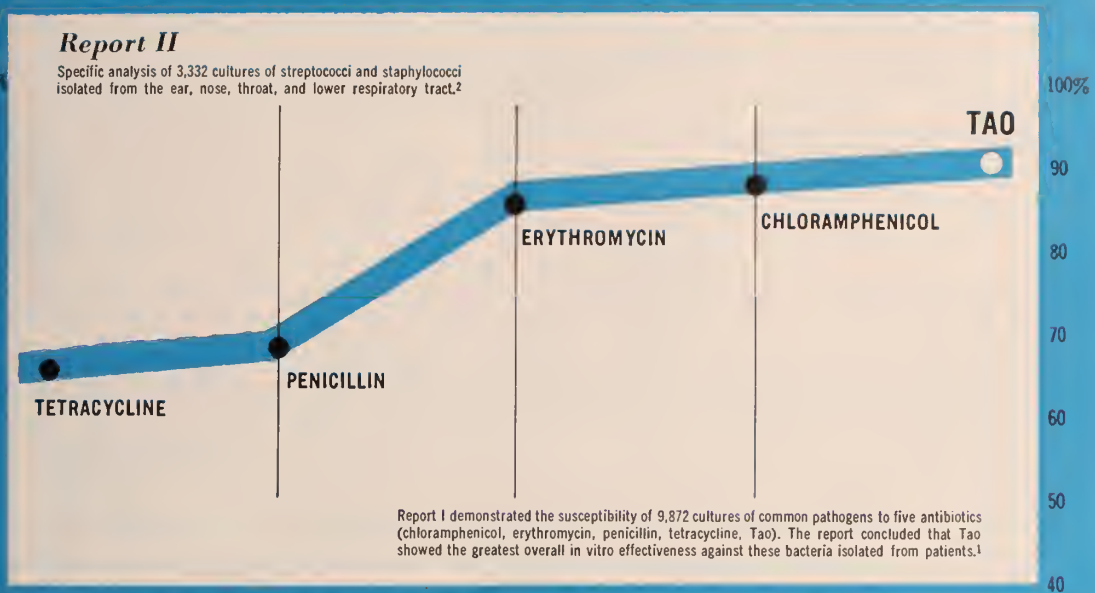
FROM A NATIONWIDE SURVEY OF 9,872 CULTURES OF COMMON PATHOGENS[1]

Conclusions of Nationwide Survey: *Report I*

1. Even after five years of general use, Tao, of the antibiotics tested, demonstrated greatest activity against respiratory streptococci and staphylococci (3,332 cultures).

2. Overall results showed a higher percentage of susceptibility among these common pathogens to Tao than to the other antibiotics. Susceptibility to Tao was greatest, not only in respiratory streptococci and staphylococci, but also in these organisms isolated from skin and soft tissue (3,423 cultures), genitourinary and gastrointestinal tracts and other sources (2,458 cultures). Susceptibility was equal to all antibiotics tested in pneumococci from unspecified sources (463 cultures), and less to Tao in H. influenzae from unspecified source (196 cultures).

3. Tao has been used for five years withou development of predictable cross resistance In 1958 and 1961, approximately 73% and 70% respectively, of erythromycin-resistant problem staphylococci showed susceptibility to Tao.[3,4] The present study confirms the continuing high degree of Tao activity even against these pathogens. O 1,592 cultures of erythromycin-resistant staphylococci, 68% were susceptible to Tao, while in the reverse situation, only 33% of 768 Tao-resistan staphylococci were susceptible to erythromycin



Report II

Results of Bacterial Susceptibility in 3,332 Respiratory Pathogens

eferences

"Bacterial Susceptibility Patterns: A Geographic Sur-y." Fowler, J. Ralph, M.D., and Watters, John L., .D. Scientific Exhibit presented at the Annual Meet-g of the American Society of Clinical Pathologists, hicago, Ill., August 31 to September 9, 1962. Fowler, J. Ralph, Watters, John L. and Levy, Arthur .: Bacterial Susceptibility Patterns as Related to Geo-aphic Variation and Anatomical Source. In press. English, A. R., and Fink, F. C.: Antibiot. & Chemo-er. 8:420 (Aug.) 1958. 4. English, A. R., and Fink, . C.: Antibiot. and Chemother. 11:648 (Oct.) 1961.

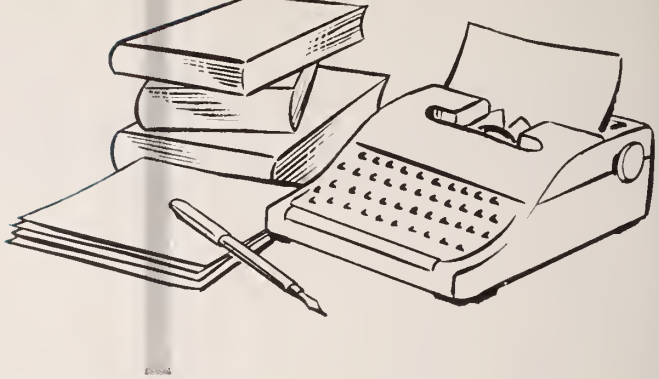
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Editorials

The "Team Approach" in Medicine

We hear more and more about the team approach to the treatment of many diseases.

This type of care is aimed at the patient, his family and his life. It is the type of care that only the poor receive especially those attending large medical centers. They must undergo this routine or suffer in silence. The rich and the middle classes cannot afford it and do not care to have their body, mind, home and business probed and mauled by a team of medical and lay specialists.

The team approach to the treatment of many diseases is wishful thinking for the millions living in smaller communities. It is used now in some large clinics and medical centers for obvious reasons. On the other hand it is an approach that appeals to many of our "do gooders" and social and government agencies who believe that the average man cannot care for himself or manage his own life. The cost of medical care also soars when this approach is used. There is every reason to believe that government medicine will follow this pattern except that federal auditors and planners will join the team to protect the voter's interest.

The Specialist — Pros and Cons

We were told not long ago to stop worrying about the ability of full-time physicians to pay their bills, including those to medical societies. My colleague, a full time man, went on to say, "They do as well as the private practitioner considering our tax structure and fringe benefits. Most physicians are ten years behind what they think the full time salaried medico receives today. If you don't believe me, try and hire a young specialist."

There are advantages and disadvantages to this type of practice depending upon whether the individual is interested in academic life and dedicated to the science of medicine. Some of these men and women are able to concentrate on subspecialties such as rheumatic fever, epilepsy, hematology, avitaminosis or progressive muscular dystrophy. The majority must attend all of the national and international meetings to maintain their position in their specialty. In many instances the expenses are paid by a hospital, medical school, foundation or the local or national fund raising societies with interests in the particular subspecialty.

Some may envy this type of life. The super full-time specialists are able to concentrate on a small field and to know it well. In addition they obtain private and government grants to establish a laboratory. The larger research groups have all the skilled help they need to conduct their work in a relaxed atmosphere. They travel on the basis of their knowledge and spend a month or more as a visiting professor in a distant center of learning. All expenses are paid and the fringe benefits more than compensate for a fixed salary.

On the other hand, most full time academic specialists are overwhelmed by demands on their time almost to the point of being exploited. They are regarded as authorities and asked to talk before medical and lay groups, to prepare scientific papers and editorials, to write books, to teach medical students, to conduct post-graduate courses, to attend committee meetings and above all — to produce.

In our opinion medicine is again the most envied profession and the various opportunities in this broad field will continue to attract our bright young men and women.

EVERYBODY DOES IT





Toot! We have a nice little bargain, too...

Accustomed as we are to talking about purity, potency, stability, things like that, we thought you might like to know that mothers can make a nice saving on Vi-Daylin Chewables for the next few weeks. Nothing complicated. She buys a bottle of 100 at the regular price. She gets a bottle of 30 free. Big deal? Well, not a bad one. It means she's getting her Vi-Daylin for less than 3¢ per daily dose per child. You might find some vitamins somewhere that would cost even less. But will the youngsters take them?

Vi-Daylin—Vitamins A, D, B_1, B_2, B_6, B_{12}, C, and Nicotinamide, Abbott

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ABBOTT 75TH ANNIVERSARY



These Chewables Taste as Good as They Look

(AND THEY'RE SUGAR-FREE, THANKS TO SUCARYL®)

First cousin to an orange. Next door neighbor to a lemon—that's new VI-DAYLIN® CHEWABLE with *Entrapped Flavor.*

They look like footballs and smell like candy and you've never tasted a chewable vitamin quite like them. What surprises you is not so much what you taste as what you *don't* taste. Vitamins. They simply don't come through—either in taste or aftertaste. Even the riboflavin is trapped and civilized.

Our dual coating process does it—seals the raw vitamin tastes, protects the delicate flavoring agents. Releases the sweet citrus flavor in the mouth, the vitamins in the g-i tract. With *both* vitamins and flavors entrapped, there's just no chance of the tablets turning musty in the bottle.

Rational formula. And sweetened with sugar-free SUCARYL.

If they look good to you, imagine what youngsters will think.

75TH ANNIVERSARY ABBOTT



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VI-DAYLIN—Vitamins A, D, B_1, B_2, B_6, B_{12}, C, and Nicotinamide, Abbott.

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PULSE of the Illinois State Medical Society

and Illinois Auxiliary News

February, 1963 *Illinois Medical Journal*

'Safeguard' Promotion Brings

$500,000 Worth of Publicity—'Results' Still Pouring In!

ISMS received more than $500,000 worth of radio, television and newspaper publicity in 1962 from a single public relations promotion—the "Safeguard Your Health" program.

"And with the program still going strong, that figure should climb even higher," according to Leo P. A. Sweeney, M.D., chairman of the society's public relations committee.

The PR committee launched the "Safeguard" promotion last January with a weekly newspaper health column. A month later, the committee produced and distributed six TV film spots and five radio spots—all featuring the "Safeguard" public service theme.

"Since the total cost of the threefold program was less than $27,000," Dr. Sweeney explained in a report to the board of trustees, "it means we received $18 worth of advertising value for every dollar invested."

In evaluating the "Safeguard" program, the PR committee conducted a survey of three communications media. "The results were so astonishing we had them verified by the American Medical Association," he said.

The television survey revealed:

- Each of the state's 19 TV stations use our "Safeguard" films (starring Burgess Meredith) an average of four times weekly. This means the ISMS spot appeared on TV screens about 3,648 times over the past year.
- Result: $310,000 of TV time from a $23,000 production.

The radio survey showed:

- Eighty-four stations used the radio spots (also featuring Burgess Meredith) a total of 26,880 times over the year.
- Result: $70,640 of radio time from a $2,500 production.

The newspaper survey, based on replies of 140 newspapers, indicates:

- About 87 per cent of Illi-

(con't on p. 3)

Emergency Medical Care Subject of State-Wide Television Series



WOMAN ON THE GO: Lynne Wolker discusses Medical Self Help Tips for the housewife with Max Klinghoffer, M.D. during one of his weekly appearances on the TV show.

One of the biggest public relations projects in ISMS history—a state-wide educational program designed to teach three million people the techniques of emergency medical care—was recently approved by the society's public relations and disaster medical care committees.

The proposed project, adaptable to state-wide use, is a combined television and film series of the Medical Self Help Training program (MSHT) established in 1961 by the U.S. Public Health Service and the Office of Civil Defense in cooperation with the American Medical Association.

According to Max Klinghoffer, M.D., chairman of the disaster medical care committee, ISMS plans to televise MSHT as an accredited course (16 weekly half-hour programs) through the facilities of WTTW, Chicago's educational TV station.

"With the help of on-the-air promotion from the station and promotional advertising, inter-

(con't on p. 3)

Society, Auxiliary Join Health Careers Council

The Illinois State Medical Society and Woman's Auxiliary recently became members of the Health Careers Council of Illinois. Representatives on the Council are Edwin S. Hamilton, M.D., Kankakee; Ralph E. Dolkart, M.D., Chicago and Mrs. Alden Rarick, Danville, Chairman of Recruitment, ISMS Auxiliary.



HCCI EXHIBITS: Mr. W. Henderson May (left) and Mr. John Rihkemper, Executive Secretary and President of the Illinois Health Improvement Association respectively are pictured viewing the exhibits of the Health Career Council of Illinois during the annual meeting of the IHIA held in Springfield, January 17-18.

The Council is a service organization formed to develop and implement an aggressive program for meeting future public needs for qualified health professionals in Illinois. Through coordination in the multiple recruitment approach to vocational guidance counselors, it is hoped that wasteful competition and duplication will be eliminated.

A comprehensive program of services is planned. Included in these plans are:

1. Educational programs in secondary schools to acquaint students with the various health careers.
2. Informative sessions on health careers at P.T.A. meetings, county and health fairs, service clubs and at other similar gatherings to orient the public on opportunities that exist in health careers.
3. Counselor conferences to orient secondary school vocational guidance counselors on health career opportunities.
4. Distribution of reference lists to high school counselors with information on all the professions included in the council. The list contains current information on educational programs in the state, the names of "contact persons" in each of the professions, sources of scholarships, etc.
5. Development of portable displays that dramatize the duties and responsibilities of each profession.

ISMS Airs Health Tips Daily on WJJD Radio

In an effort to provide the public with as much practical health information as possible, ISMS is currently broadcasting more than 100 "Health Tips for Better Living" every month over Radio Station WJJD, Chicago, (1160 AM and 104.3 FM).

Presented in the form of one-minute messages by ISMS President George F. Lull, M.D., "Health Tips" cover a wide variety of subjects—ranging from seasonal tips on frostbite and the common cold to practical advice on nutrition and athlete's foot.

Since Station WJJD airs the pre-taped messages as a public service, the series is broadcast at no cost to the society. If ISMS had to pay for this service, however, the "Health Tip" series would cost more than $4,000 a month.

LEGISLATIVE CONFERENCE

Springfield

February 19, 1963

Report in March PULSE

Program Reports Key Progress

With the 1962-63 Auxiliary work in its last quarter, the question does occur—"Have we accomplished what we had planned to do?"—"Will our summation at the Convention in May be a routine resume, or did our particular Auxiliary accomplish an outstanding program, project, personal recognition of an outstanding citizen or establish closer bonds between the doctors' families and the community?"

Will you please not hide your accomplishments in your own community, but please let us know at State level?

On Tuesday, May 14th, we hope that you will give the solution of your successes to the listening delegates, members, and visitors.



Mrs. Scrivner

It may be the very thing another Auxiliary needs to apply to its own "problem child".

Possibly your group has devoted time and talent to something needed at hand, rather than a follow-through on projects suggested in the National Programs. We are anxious to know about these programs too, and learn about your endeavors in your own community.

As your Program Chairman, I would very much like to receive a brief resume from your program chairman concerning one of your Auxiliary programs or projects which has accomplished what your group had intended, or has well established the project for future consummation.

The accomplishment at County level help produce the completed picture of the State's endeavors. The fifty States produce the sum total for the National picture. The National picture creates the unified image of the American Medical Association to our nation.

Ruth Scrivner, Vice-President
Program Chairman

'Safeguard' (con't)

nois newspapers publish the "Safeguard" column with half of them doing so on a a weekly basis. Its readership is estimated at 3½ million.

- Result: $150,000 of newspaper "advertising" space at an annual cost of $842 to ISMS.

Dr. Sweeney also reported that the three ISMS exhibits, produced at a cost of $2,500 in 1960, have been displayed before audiences totaling 2,250,000 persons.

Another important PR function he added, is the management of a Speakers Bureau which has handled over 225 requests for speakers to lay groups during the past two years, with audiences estimated in excess of 12,500 persons.

Medical Self Help (con't)

ested viewers will be invited to register for the course by contacting the society," Dr. Klinghoffer said. "ISMS will acknowledge registrations by sending applicants a booklet outlining and summarizing the course.

"Following completion of the television course," he continued "the students will be tested at any one of eight strategically-located testing centers in the Chicago metropolitan areas. Those passing the test will be awarded a certificate of recognition."

Though the televising of MSHT is not original—Washington, D.C. and California did so last year—the ISMS program is unique because it allows film reproduction for subsequent distribution to other TV stations, industries, schools, clubs and organizations.

MSHT was orginally established as a 12-lesson course to be taught in schools and organizations with the objective of teaching at least one member of every family how to meet medical emergencies that may arise at home, on the job or in the event of a national disaster.

Its presentation as a TV and film series, however, was borne of necessity, not choice.

"Just as the MSHT program began to "catch on," we found ourselves hampered by a severe

(con't on p. 4)

Cooperation With Press Pays Big Dividends

The survey of newspaper editors, recently completed by our staff, reveals that hundreds of daily and weekly papers regularly use our "Safeguard Your Health" columns. A more detailed account of this survey appears elsewhere in this issue of PULSE.

Editors responding to the survey were almost unanimous in their praise of this public service. We attribute this excellent reception of "Safeguard Your Health" to two factors: 1) A real need existed for an authentic weekly health column because of lay interest in the subject; and 2) Meticulous care by the Public Relations Committee in selecting subjects of broad general interest, combined with careful editing.

In some communities, a third factor enters into the decisions of editors to publish "Safeguard Your Health" regularly; this factor is *interest on the part of the county medical society.* Some newspapers, desiring a local approach, have asked permission to publish the health columns under the by-line of the county medical society. This we welcome, and offer as a service of your state society.

If "Safeguard Your Health" does not appear regularly in the newspapers of your community, consider recommending to the editors that they publish this weekly series under the name of your county society. A little interest can pay big dividends!

Charles Weigel, M.D., Chairman
Sub-Committee on Media Relations

ISMS Hosts Congressional Reception



PHYSICIAN'S INTEREST in legislation was evidenced recently at the annual Washington Congressional Reception hosted by the ISMS. 52 physicians and their wives attended the event. Mrs. Willard Scrivner (left) is shown here with U.S. Representative Melvin Price, East St. Louis and Dr. and Mrs. V. P. Siegel, Chairman of the Committee on Medical Service.



CERTIFICATES AWARDED: Certificates of award for "outstanding service to o community and hanorable and caaperative effarts with his professional ossociates," were presented to these Tazewell County physicians at a recent meeting of the saciety. R. K. Taubert, M.D. (center) was honored far his work as chairman af the successful program of Sabin Oral Vaccine distribution in the county. Lawrence Rossi, M.D. (right) was presented a certificate for his work at Hopedale Haspital which received national recognition in "This Week" magazine. D. O. Mabshardt, M.D. (left) retiring president, made the certificate presentatian.

shortage of training kits (teaching materials)," Dr. Klinghoffer explained. "With only 250 kits available in the state (none in Chicago)—and the prospect of obtaining more growing dimmer every day—TV offers MSHT its only hope for complete success in Illinois. How else can we reach such large audiences?"

Total cost of the program—including production of one set of TV 16 tapes and five sets of films—is estimated at $29,325, which ISMS hopes to obtain in the form of a grant from industry.

Meanwhile, in an effort to stir up interest in MSHT, Dr. Klinghoffer has been making weekly television appearances on the "Woman on the Go" program, seen at 10:00 a.m. daily on Station WBKB, Chicago.

Each Thursday, he explains and demonstrates a different phase of MSHT, pointing out its practical applications to the housewife.

ISMS Economy Jet Tours

Chicago - London - Chicago

$380 Round Trip

This summer, the ISMS is sponsoring an unusual personalized travel plan, limited to members of the Society, component county associations, dependents and employees of said associations.

All participants will depart for London from O'Hare International Airport (Chicago) Thursday, July 25, returning on Thursday, August 15. Transportation will be by Pan-American World Airways DC-8 jet. Upon arrival in London, your itinerary is up to you. All arrangements (air and land accommodations) must be made through the ISMS office and coordinating travel agent to insure space.

A joint clinical conference is planned for the ISMS with the British Medical Association for July 27. If you are interested please indicate on the enclosed coupon.

Clip Out Coupon and Mail

(I am) (We are) interested in the travel program overseas this summer. Number in party_____

Interested in Personalized Group Travel (Check one area)

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last name first name telephone

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Mail to: Tour Arrangements, Illinois State Medical Society, 360 N. Michigan Ave., Chicago 1, Ill.

ILLINOIS MEDICAL ASSISTANTS ASSOCIATION REPORT

This page introduces a regular series to IMJ. It is intended to help Illinois physicians know and better appreciate the professional problems and objectives of their office employees. The closer understanding thus established is an important factor in efficient office practice.

I.M.A.A. SUMMARY

MEMBER American Association of Medical Assistants.

ENDORSED AND COMMENDED by AMA and ISMS.

ELIGIBILITY: Medical assistants, secretaries, nurses, technicians, receptionists, librarians and office managers. Must be employed six months or longer in the office of an M.D., accredited hospital or medical school. Physician should be member of his State Medical Society.

OBJECTIVES: To inspire honest, loyal and more efficient service to the medical profession and public; to cooperate with the medical profession in improving public relations; to render educational programs for self-improvement of members and stimulate fellowship among county chapters.

BENEFITS: 1) keep up with medical advances; affiliation with professional sisters; 2) I.A.M.A.A. quarterly bulletin reporting state activities; 3) annual meeting in April with 2-day educational program — a Professional Symposium each fall.

ADVISORY COMMITTEE of six physicians are appointed by ISMS.

NON-UNION, non-profit. *Not a trade union or collective bargaining agency.*

INSURANCE — a group program is available to members.



"The Doctor's Girl Friday"

H. H. Pillinger, Jr., M.D., *Elgin*

The American Association of Medical Assistants has been in existence for approximately seven years. It is endorsed by AMA because of a long-recognized need to educate the physician's assistant in office procedures. This need is urgent upon today's physician, who needs an assistant versed not only in medical and laboratory disciplines, but who can serve as receptionist, hostess, telephone operator, bookkeeper, insurance clerk, and purchasing agent — in short be his "Girl Friday."

As most physicians know, none of the aforementioned disciplines is offered in the standard R.N. course. However, this type of training can easily be procured through the AMAA. It would be to the advantage of any physician reading this article to point out the functions and membership requirements of AAMA to their nurses interested in office procedures.

Member Medical Advisory Committee, Illinois Medical Assistants Association.

Protecting the Patient Against Cold Air



Louis A. Terman, M.D., *Glencoe*

Many Patients Who Suffer with various degrees of coronary insufficiency experience substernal pain and dyspnea when in extremely cold air.

Cold air and winds often may trigger an attack of bronchial asthma in those patients who are afflicted with this condition.

Patients with emphysema often find it more difficult to breathe when exposed to cold air and high winds. Persons who have cold allergies often experience nasal obstructions and discharge.

A unique "Heat Mask"* has been designed to warm the air before it enters the respiratory tract, thus buffering the effects of direct blasts of cold air in these patients.

The mask itself acts as a guard against the force of the wind and the heating element warms the air. As a result, both the temperature and the force are made to approach that of normal conditions.

While the mask was designed primarily for medical reasons, it has many other indications that are highly useful:

1. Persons who engage as participants or as spectators, in outdoor winter sports such as ice fishing, skiing, ice skating, hunting and ice boating.
2. Persons who must work outside such as mailmen, policemen, etc.
3. Persons who are well but dislike cold air and strong winds.

Description

The mask is made up of a specially designed knitted protective material which fits over the nose and mouth. In it is a pocket that holds a removable heating element. The element is energized from a strong, compact rechargeable battery. The battery has unlimited service because a recharger is part of the kit which can be operated from any ordinary A.C. electrical outlet. Enough energy is created for the battery to be operated for 3½ hours and then can be recharged indefinitely. The mask is washable to insure proper hygiene and comes in various colors. The mask can be carried in a plastic pouch in one's purse or pocket when not in use, but should be disconnected when not in use so as to preserve the battery.

**Manufactured by Carmen Commodities Corporation, 2900 W. Peterson Avenue, Chicago 45, Illinois.*

Thousands of American physicians have given generously to establish the AMA-ERF loan guarantee program for medical students, interns and residents. It's an effective method of investing in the future of American medicine. Your contribution is needed. Mail your check to AMA-ERF Student Loan Fund, 535 North Dearborn Street, Chicago 10, Illinois.

NEWS and ANNOUNCEMENTS

DuPage Doctors, Lawyers Fire Questions At IMT Panel

"Does an Impartial Medical Testimony expert constitute a 13th person on the jury?"

"Are a physician's medical records privileged and confidential at all times?"

"Can a doctor representing a plaintiff or defendant sue an IMT expert if litigation based on the expert's testimony favors the other party?"

These were only a few of the barrage of questions fired at IMT experts January 16 by physicians and lawyers attending a combined meeting of the DuPage County Medical Society and DuPage County Bar Association. Over 65 physicians and 15 lawyers braved subzero weather to attend the meeting.

The IMT panel, representing both the medical and legal professions, consisted of Judge Bert E. Rathje, Circuit court of DuPage County; Meyer Brown, Ph.D., M.D., Professor of Neurology and Psychiatry at Northwestern University and head of the Neurology Section for the IMT project; Carl Rolawick, Supreme Court Administrator's office in Chicago; Joseph J. Simon, legal counsel for Allstate Insurance Company; and the moderator, Samuel A. Levinson, M.D., Chairman of the Impartial Medical Testimony Committee of the Illinois State Medical Society.

Impartial Medical Testimony, one of the major projects of the Educational and Scientific Foundation of the Illinois State Medical Society, is a long-range, comprehensive program designed to assure medical truth in litigation. One immediate goal is the reduction of the backlog of cases. "This goal frequently is achieved," explained Dr. Brown, "because an IMT expert called in on a case often resolves the case before it gets into court."

Arrangements for the IMT program were made under the auspices of the Educational and Scientific Foundation. The DuPage meeting was the first IMT panel program held by a county society in Illinois. The Foundation has extended invitations to every Illinois county society for similar programs in a concerted effort to orient physicians and lawyers throughout the state with this vital segment of medico-legal procedure.



IMT EXPERTS "ON THE FIRING LINE" at DuPage County meeting are (from left) Judge Bert E. Rathje; Carl Rolawick; Dr. Samuel A. Levinson; Joseph J. Simon; and Dr. Meyer Brown.

Cook

CMS Plans Clinical Meeting

Lectures, Films, Medical Color Television, Instruction Courses and a special section on Trauma will highlight the Chicago Medical Society's annual Clinical Conference in Chicago, March 4-7 at the Palmer House. A special dinner with Dr. Edward Annis, president-elect of the American Medical Association, as guest speaker, March 6, will highlight the social activities.

Lectures covering a wide range of topics including How to Treat the Arthritic, Oral Contraceptives, Management of Pulmonary Emphysema, Approach to Obstetric and Gynecologic Emergencies will run from 8:30 a.m. to 5 p.m. daily.

The Medical Color Television will be beamed from Presbyterian-St. Luke's hospital each afternoon during the conference. Panel discussions will be featured on the TV hookup.

The four special instruction courses where enrollment will be limited to 30 will be problems in surgery, medicine, obstetrics and gynecology and pediatrics.

"What's New in the Care of the Injured Patient" is the title of the special section, March 6, sponsored by the Chicago Committee on Trauma of the American College of Surgeons.

A full program and registration blanks may be obtained by writing the Chicago Medical Society, 86 East Randolph, Chicago 1, Illinois.

M.D.'s in the News

Dr. Maurice H. Cottle of Chicago will give the official address at the dedication of the new multi-million dollar ear, nose and throat clinic in Leiden, The Netherlands, July 9. He is professor of otorhinolaryngology at the Chicago Medical School and founder of the American Rhinologic Society.

The Society for Academic Achievement of Adams County has honored Dr. Stanley M. Koziol of Chicago with a Fellowship.

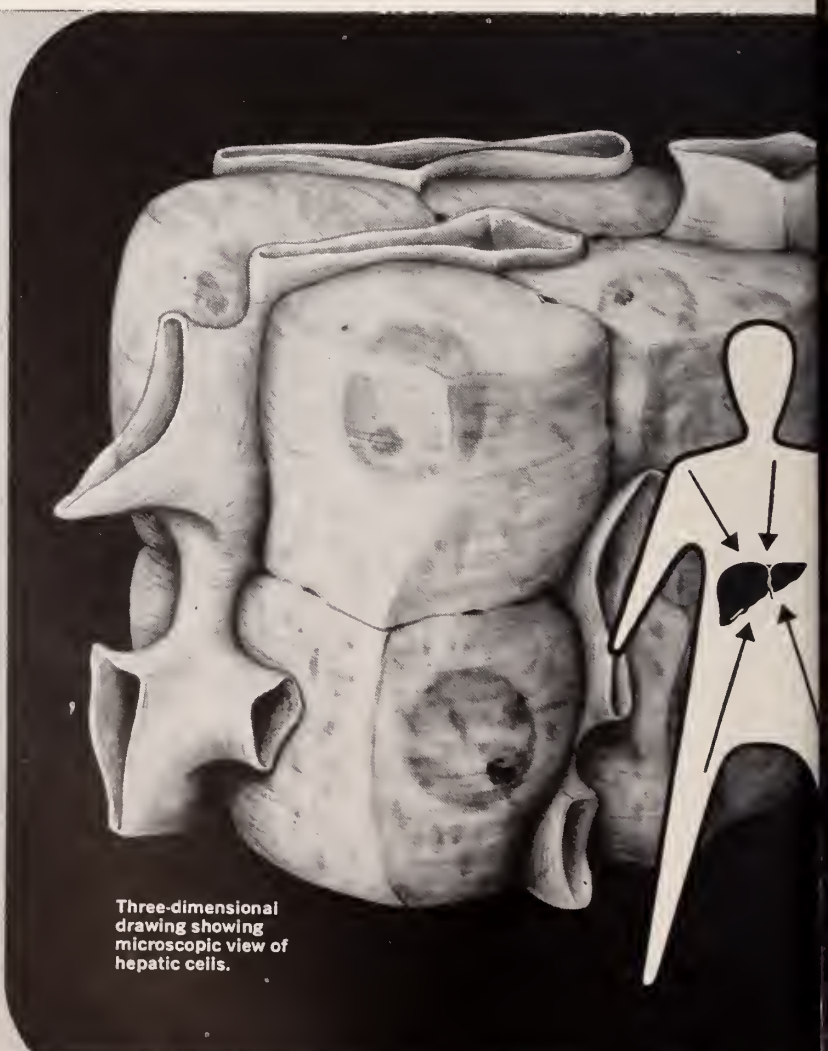
Dr. Morris Fishbein, Chairman of the Scientific Advisory Committee of the Chicago Municipal Tuberculosis Sanitarium, has been honored by the Sanitarium's Board of Directors for his contributions to medicine and the public through his efforts on the Committee.

Dr. John A. Rogers, retiring executive director of the American Cancer Society, Illinois Division, has received a special award for distinguished service from the Society.

Dr. John L. Reichert has received the highest

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honor of the Institute of Medicine of Chicago at the institute's annual meeting. He was awarded the George Howell Coleman medal, conferred for outstanding contributions to the welfare of the community above and beyond the call of practice.

"Dr. Reichert's many years of service in pediatrics has been directed largely to the health and welfare of children," said Dr. Walter H. Theobald, president of the West Side Medical Center commission, who presented the award.

The relaxation techniques devised by Dr. Edmund Jacobson, director of the Laboratory for Clinical Physiology, Chicago, will be used in "Project Jake," a two year study designed to evaluate the effect of scientific relaxation in the training of children who stutter or who are cerebral palsy victims. The project is under way at the Rehabilitation Institute of Montreal.

Dr. Jacobson, after whom the project was named, will make periodical trips to Montreal as consultant. The project is supported by a provincial grant with the collaboration of Ste. Justine Hospital and the University of Montreal.

Appointments

Dr. Joseph J. Tovarek has been named president of the medical staff of Franklin Boulevard Community hospital.

Dr. George G. Jackson, professor of medicine at the University of Illinois College of Medicine, has been appointed to the Board of Scientific Counselors of the National Institute of Allergy and Infectious Diseases.

Dr. Clifton Rhead has been installed as president of the medical staff of Forest Hospital, Des Plaines.

The Governor has announced the appointment of new superintendents for Elgin and

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Peoria State Hospitals. Dr. Ernest S. Klein, presently superintendent at Peoria State Hospital will transfer to Elgin State Hospital to replace Dr. Daniel Haffron who is resigning because of ill health. Replacing Dr. Klein at Peoria will be Dr. Walter John Garre, of Camarillo State Hospital, Camarillo, California.

Dr. John A. D. Cooper, associate dean of Northwestern University Medical School, has been appointed to the Medical Advisory Committee of the W. K. Kellogg Foundation of Battle Creek, Mich.

The five-man committee is one of several advising the foundation on medicine, agriculture, dentistry, education, hospitals, nursing, and public health. Among the recent projects recommended for support were the new building for the Pan American Health Organization in Washington; a program of medical fellowships, and aid to the nation's new two-year medical schools.

The foundation is especially active in the United States and throughout Latin America.

Dr. Cooper (2323 Marcy Ave., Evanston) is director of Northwestern's accelerated program of "integrated" medical education, is editor of the "Journal of Medical Education," and represents North America on the interim executive committee of the newly formed Pan American Federation of Medical School Associations.

Grants

The Temporal Bone Banks Center, located at the University of Chicago, has received a grant of $48,000 from the United States Public Health Service to support a national campaign for "ear bone bequests" to aid deafness research.

Dr. John R. Lindsay, Professor of Surgery and Head of the Department of Otolaryngology at the University of Chicago, directs the activities of the Center, the coordinating facility for the Temporal Bone Banks Program for Ear Research.

The grant will be used in a nationwide educational effort to explain the need for deafness research and encourage pledges of inner ear structures from persons afflicted with hearing and equilibrium disorders.

The temporal Bone Banks Program is sponsored by the American Academy of Ophthal-

mology and Otolaryngology and by the Deafness Research Foundation. Unlike eye or vascular banks, the "ear bank" uses bequests exclusively for basic research.

Presbyterian-St. Luke's Hospital has been awarded a $13,200 grant by the Field Foundation, New York to establish a pilot program in clinical child psychology and provide two training fellowships.

A $285,000 climate-controlled greenhouse—for studying plants which furnish medicinal products—will be built by the University of Illinois College of Pharmacy, Chicago. Construction has been made possible by $100,000 awarded a $13,200 grant by the Field Foundation Service together with $185,000 in funds provided by the University of Illinois.

School Receives AMA Okay

The school of X-Ray technology at Franklin Boulevard Community Hospital has received formal approval by the AMA's Council on Medical Education and Hospitals.

Elections

Dr. Alfred M. Painsley of Jacksonville has been elected president of the Central Illinois Society of Ophthalmology and Otolaryngology.

Stephenson County

"Cancer Chemotherapy" will be the subject of Dr. John Louis at the February 21 meeting of the Stephenson County Medical Society. Dr. Louis is a Research Associate at the University of Illinois College of Medicine. Members of the Carroll and Jo Davies medical societies are invited to the meeting.

Vermilion County

The Vermilion County Medical Society has voted to donate the funds received through their successful polio drive to each of the

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Nursing Schools in the two hospitals in Danville as a Nursing Education Loan Fund, with the Nursing School Committee in each Hospital handling the funds.

Whiteside County

Dr. Edward W. Klink, of the department of Ob-Gyn of Rockford Memorial Hospital will be the guest lecturer at the February 28 meeting of the Whiteside County Medical Society. His topic will be "Practical Office Endocrinology." Members of the Lee and Ogle county societies are also invited to the meeting.

General

An interstate two-year pollution study has begun to study conditions that cause air pollution in seven counties — the St. Louis and East St. Louis metropolitan area. Representatives of the Illinois Department of Public Health, the United States Public Health and Missouri State Division of Health will conduct the study.

Establishment of an extensive day care program for the mentally retarded will be proposed to the 1963 General Assembly, according to Dr. Francis J. Gerty, director of the Illinois Department of Mental Health.

ANNOUNCEMENTS

HIA Offers Speakers

The Illinois Health Improvement Association has made volunteer speakers available to explain to clubs and community groups the activities of the organization with the hope of interesting others in improving the health of Illinois citizens.

The HIA, made up of individuals from rural areas has established local health and scholarship programs. The nurse scholarship programs, sponsored by local counties, has assisted more than 700 women since 1948.

The complete story of this program can be illustrated either in a flip chart or color film presentation. Arrangements for speakers may be made at HIA headquarters, 117 South Fifth Street, Springfield, Illinois.



THE HEALTH of Illinois citizens was the topic at the annual meeting of the Illinois Health Improvement Association in Springfield. Dr. Jacob E. Reisch, secretary-treasurer, and Robert L. Richards, executive administrator represented the state society while Dr. Thomas Harmon of Springfield represented the Sangamon County Medical Society as its president.

Nutrition Lecture Planned

The Chicago Section of the Institute of Food Technology has announced that Professor B. S. Platt, C.M.G., Director of the Human Nutrition Research Unit of the Medical Research Council, Mill Hill, London, has been chosen to deliver the first Fred W. Tanner Lecture. The lecture will be given at a dinner meeting, March 11, in the Grand Ballroom of the Sheraton Hotel in Chicago. Professor Platt's subject will be "Biological Ennoblement: The Improvement of the Nutritive Value of Foods by Biological Means".

The purpose of the Tanner Lectureship is to advance the profession and practice of food technology by bringing to Chicago outstanding persons in this field or in its related sciences to speak on advances in the preparation, preservation and enjoyment of food.

Arrangements to attend the lecture may be made by contacting the Chairman of the Lectureship Committee, Dr. E. F. Caldwell, The Quaker Oats Company, 617 West Main Street, Barrington, Illinois.

Stroke Film Available

"Stroke—Restorative Measures in Your Hospital," a new film produced by the ISMS Committee on Aging with the cooperation of the Illinois Department of Public Health, is now

available for showing to physicians and nurses in general hospitals with no departments of physical medicine or with limited personnel. The film introduces simple and effective devices used in rehabilitation and ways in which these devices are employed. The content of the film describes good early management in the rehabilitation of the stroke patient upon admission to the general hospital and in the subsequent early phase.

The film may be obtained for showing without charge by writing the Committee on Aging, Illinois State Medical Society, 360 North Michigan, Chicago 1, Illinois.

Foreign Opportunity Available

An opportunity is open for a young American general practitioner with an interest in surgery to work with the famed Burma surgeon, Dr. Gordon S. Seagrave at his 250-bed hospital in Namkham, Burma.

Minimum appointment is for two years. The candidate should be an American citizen, married or single and must be prepared to leave for Burma not later than the Spring of 1963. Anyone interested may contact: American Medical Center for Burma, Inc., 6 Penn Center Plaza, Philadelphia 3, Pennsylvania.

Physicians Need Social Security Numbers

New tax laws require that taxpayers obtain and use identifying numbers. Since 140 million Americans already have Social Security numbers these are being used. Unless a physician is or ever was an "employe" it is likely that he does not have a Social Security number. Physicians will have to obtain such numbers even though they are not covered under the system. According to the regulations, application forms for use in obtaining account numbers will as far as possible be furnished without request to taxpayers needing numbers. Application forms may also be obtained from any district office of the Social Security Administration.

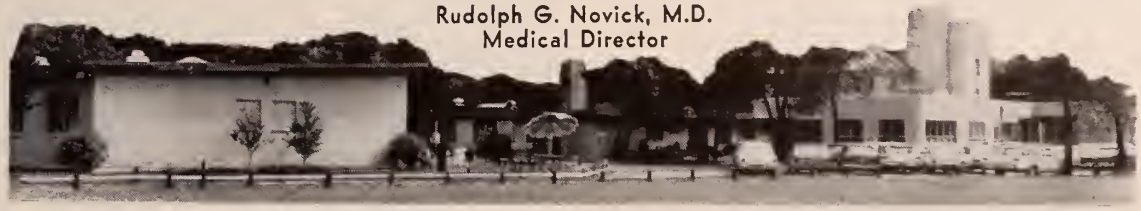
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- **Fifty-six attending psychiatrists,** a consulting staff of 30 in all specialties, and a house staff of seven.
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Crippled Children Clinics

March 1 Chicago Heights (Cardiac)—St. James Hospital
March 5 Carrollton-First Baptist Church
March 6 Carmi—Carmi Township Hospital
March 6 Hinsdale—Hinsdale Sanitarium
March 7 Effngham (General)—St. Anthony Memorial Hospital
March 7 Peoria (Cerebral Palsy)—Roosevelt School
March 7 Sterling—Community General Hospital
March 12 East St. Louis—Christian Welfare Hospital
March 12 Peoria (General)—Children's Hospital
March 13 Champaign-Urbana—McKinley Hospital
March 13 Joliet—Silver Cross Hospital
March 14 Bloomington (Cerebral Palsy)—St. Joseph's Hospital
March 14 Springfield (General)—St. John's Hospital
March 15 Chicago Heights (Cardiac)—St. James Hospital
March 19 Alton (General)—Alton Memorial Hospital
March 19 Danville—Lake View Hospital
March 20 Evergreen Park—Little Company of Mary Hospital
March 20 Jacksonville—Passavant Hospital
March 21 Decatur—Decatur & Macon County Hospital
March 21 Elmhurst (Cardiac)—Memorial Hospital of DuPage County
March 21 Rockford—St. Anthony's Hospital
March 21 Sparta—Sparta Community Hospital
March 26 Peoria (General)—Children's Hospital
March 27 Centralia—St. Mary's Hospital
March 27 Elgin—Sherman Hospital
March 27 Springfield (Cerebral Palsy)—Memorial Hospital
March 28 Effingham (Rheumatic Fever & Cardiac)—St. Anthony Memorial Hospital

Lectures

The Third Annual Max Thorek Memorial Lecture will be held in the Library of the American Hospital, 850 W. Irving Park Road, Chicago 13, at 8 p.m. March 10, 1963. The speaker will be Dr. Alexander Brunschwig, F.A.C.S., F.I.C.S., D.A.B., Professor of Clinical Surgery, Cornell University, Attending Chief, Gynecologic Service, Memorial Center for Cancer & Allied Diseases. His subject will be: "Host Resistance to Cancer — Experimental and Clinical Observations in Man." The lecture was set up by the Max Thorek Memorial Foundation in memory of the late Dr. Thorek, Founder of the American Hospital of Chicago and of the International College of Surgeons. The lecture is open to the public.

IMT, Occupational Health Authority Dies

Richard J. Bennett*, Chicago, chairman of the ISMS Committee on Occupational Health and Advisor to the Committee on Impartial Medical Testimony, died December 26, aged 60. He was a 1927 graduate of Temple University School of Medicine, Philadelphia. He was chief surgeon in the Chicago district for the United States Steel company and also for the Elgin, Joliet and Eastern railway. He was an associate in surgery at the Northwestern University medical school, and a former vice president of the Medical Directors' Club of Chicago.

A former Chairman of the Committee on Impartial Medical Testimony, Dr. Bennett was considered by his colleagues as the architect for this project in Illinois. His pioneering efforts were vital in forging IMT from a mere concept to an important medicolegal procedure, giving Illinois the only statewide program of this kind in the country.



LEADER IN MEDICAL AFFAIRS. Dr. Bennett (left) with state senator W. Russell Arrington of Evanston, who introduced Kerr-Mills in Illinois.

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Deaths

Stanley Anderson°, Waukegan, a graduate of Northwestern University Medical School in 1932, died December 3, aged 55. He was on the staff of St. Therese Hospital in Waukegan.

Julia C. Aron°, Chicago, a graduate of Fredrich-Wilhelm University School of Medicine in 1913, died November 11, aged 78. She was a member of the 50 Year Club.

Richard L. Crouch°, Chicago, a graduate of St. Louis University School of Medicine in 1937, died December 24, aged 59. Certified in psychiatry and neurology in 1959, he was an assistant professor of neurology and psychiatry at the Northwestern University Medical School.

Louis Edidin°, Chicago, a graduate of the University of Illinois College of Medicine in 1923, died December 19, aged 68. He was an associate professor at Chicago Medical School.

Harold A. Elkins°, Mt. Carmel, a graduate of National University of Arts and Sciences Medical Department, St. Louis in 1915, died November 25, aged 72. He was a World War I veteran and past commander of the Mt. Carmel American Legion.

George V. Fahrner°, Joliet, a graduate of St. Louis University School of Medicine in 1940, died December 26, aged 45. He served in World War II as a battalion surgeon in the South Pacific.

Alexander Geiger, Chicago, died January 14, aged 62. Born in Hungary, he had served on the faculty of the University of Naples, and of Hebrew University and Hadassah University Medical School in Jerusalem before joining the staff of the University of Illinois in 1957.

Edmund A. Gorvett°, Chicago, a graduate of Northwestern University Medical School in 1934, died December 19, aged 56. He was certified in internal medicine in 1948 and was an assistant professor at Northwestern University medical school. During World War II, he served as a major in the Pacific. He was a member of the American Board of Gastroenterology; Central Society for Clinical Research and American Gastroscopic Society.

Jon Gilbert Gray°, Chicago, a graduate of the University of Illinois College of Medicine in 1934, died December 7, aged 53. He was a World War II veteran.

A. C. Held°, retired, Chicago, died January 4.

Ellis G. Kingler, Chicago Heights, a graduate of the University of Illinois College of Medicine in 1902, died January 9, aged 86. He was a founder and staff member of St. James hospital.

Erich Liebert°, Elgin, a graduate of Fredrich-Wilhelm University in 1926, died December 13, aged 61. Certified in psychiatry and neurology in 1938, he was an assistant professor at Northwestern University. He had served as clinical director at Elgin State Hospital until 1951. He was a member of the American Psychiatric Association, the Central Neuropsychiatric Society, the Academy of Neurology and the Society for Experimental Biology and Medicine.

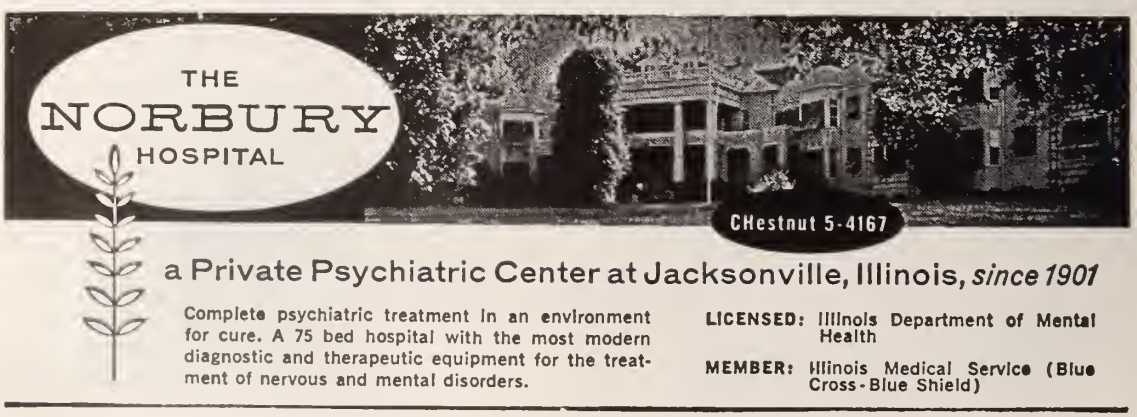
Jerry B. Neason°, Chicago, a graduate of Chicago Medical School, died December 3, aged 69.

Frank A. Smith, retired, Chicago, a graduate of the Hahnemann Medical College and Hospital in 1909, died December 29, aged 86.

Henry I. Wilson, Chicago, a graduate of Rush Medical College in 1911, died January 14, aged 80.

Ernest B. Zeisler°, retired, Chicago, a graduate of Rush Medical College in 1927, died December 27, aged 63. He was associate professor of medicine at the University of Illinois College of Medicine and a past president of the Chicago Literary Club.

°*Indicates member of Illinois State Medical Society.*



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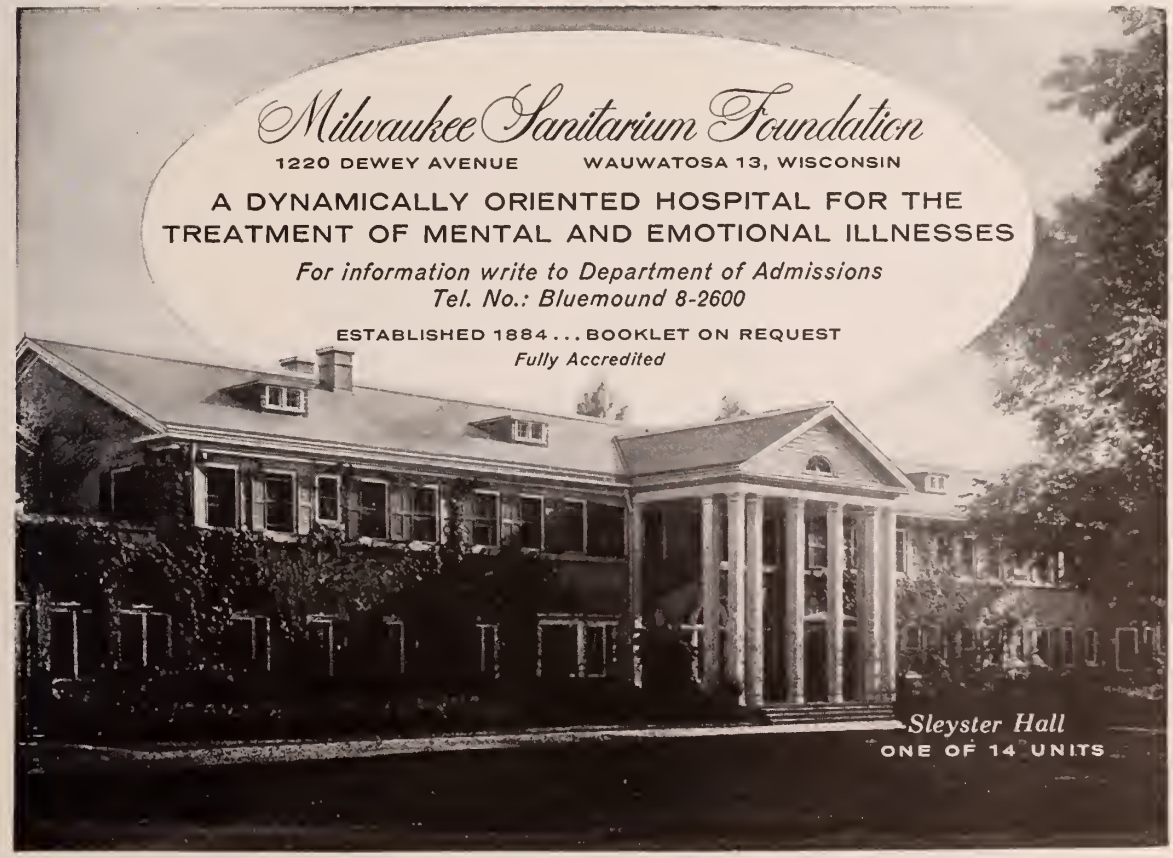
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How do they fare? How can they fare better?
The special needs of hospitalized children
and how they are met in Illinois hospitals,
reviewed in three timely articles. See page 235.



VOLUME 123, NUMBER 3 MARCH, 1963

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LEGISLATIVE LISTENING POST

NATIONAL LEGISLATIVE SCENE

King-Anderson Revisited

As expected, President Kennedy has reiterated his call for federalized medical care of the aged. Administration bills were introduced simultaneously in the House (H. R. 3920) by Representative Cecil King (D., Calif.) and in the Senate (S-880) by Senator Clinton Anderson (D., N. M.). Fundamentally the bills are the same as those defeated in the last two sessions of the Congress. The main change is the choice of deductible options (1) 90 days inpatient care with a minimum payment of $20 and maximum of $90; (2) 180 days care with payment of first 2-1/2 days; or (3) 45 days with no deductible. 180 days nursing home care after hospital discharge, outpatient diagnostic studies and home health care services are again included.

The bills would cover those not on Social Security by payments from general revenue, a provision which opens the door for continued subsidies to the Social Security Fund to make up deficits.

The bills would require another round of increases in the Social Security Tax. The maximum taxable wage base, on which benefits are computed, would jump from $4,800 to $5,200 with the rate increased by 1/2 of 1 per cent. Combining this increase with those of 1962 and 1963 and others already planned, the combined employer-employee tax bite will be 9 3/4 per cent by 1968.

In his message to Congress the President minimized the contributions of Kerr-Mills legislation. But the fact remains that this plan has provided unlimited hospital care for the elderly in Illinois since August, 1961 on the basis of proven need. The fact that only 10,000 have applied in the first 15 months of the program indicates that actual needs of this group have been greatly overestimated.

National Legislative Conference

The AMA will again sponsor a national conference on Legislative Affairs in Chicago April 20-21. Make plans now to attend.

STATE LEGISLATION

Conference-Reception Hailed As Successes

The State Legislative Conference February 19 proved highly successful with record attendance and a fine program. (A full report with pictures will be found in the PULSE).

The reception for members of the General Assembly attracted more than 400 legislators, physicians and their wives. A firm basis for cooperation in legislative activities has been established. Illinois physicians should now follow up by meeting personally with their representatives and key leaders in the General Assembly. An aid to this is the Illinois Legislative Directory which contains maps to determine your legislative district, the names and addresses of all members of the Assembly and lists of all committee personnel. This Directory can be obtained by writing ISMS Regional office, 520 South Sixth Street, Springfield or the ISMS Chicago Headquarters, 360 North Michigan Avenue, Chicago 1, Illinois.

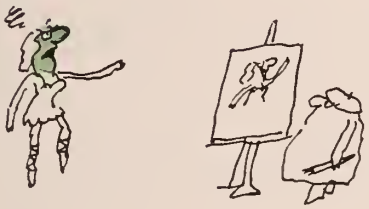
Important Legislation

Of the 700 plus bills introduced through February only a small number directly affect the practice of medicine and the allied health care fields. Here are some of the significant items introduced to date:

Bill Number	Subject
S 15	Requires new autos sold after June 30, 1964 to be equipped with front seat safety belts.
S 210	"Motor Vehicle Law" - implied consent to drunken driver test. License revoked for refusal to submit to test.
H 106	Amends hospital mandatory emergency treatment law to include broad category of "serious medical disability" in addition to accidents.
H 143-144	Numerous changes in the Illinois Nursing Act-extends application to practical nurses and practical nursing schools-permits 2 year R. N. Schools.
H 51	Makes it unlawful for optometrists to offer premiums, discounts or advertise costs, credit terms or free services.
H 90	Makes it unlawful for anyone other than a licensed physician to tatoo a person under 21.
H 92	Creates commission to investigate medical and hospital costs.
H 149-181	Amends Medical Practice Act and all other licensing acts to remove citizenship requirement or citizenship intent requirement.
S 291, H 261	Requires physician attending birth of child to subject child to phenylketonuria test.
H 320	Permits Southern Illinois University to establish professional schools including medicine.
S 280	Opens vital statistic records to public inspection.



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*Scal, J. C.: Eye Ear Nose & Throat Month. 38:738 (Sept.) 1959.

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Published monthly by the Illinois State Medical Society, 360 N. Michigan Avenue, Chicago 1, Ill. Subscription $5.00 per year, in advance, postage prepaid, for the United States, Cuba, Puerto Rico, Philippine Islands, and Mexico. $7.00 per year for all foreign countries included in the postal union. Canada, $5.50. Single current copies available at cost of 75 cents.
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Executive Administrator

H^3: New Success Formula at AMA



Dr. Hugh H. Hussey

Dr. Hugh Hudson Hussey, recently appointed Director of Scientific Activities of the American Medical Association, frequently signs his memoranda "H^3." Although done in a spirit of levity, there is a pertinent message attached to this scientific symbolism. All too frequently organized medicine becomes so enmeshed in policies and politics, in medicolegal and socioeconomic involvements, and in third party relationships, that the role of the medical scientist for the moment becomes secondary.

This role, ably personified by Dr. Hussey, is the leading one in medical history. In every chapter the scientist invariably is at the fore — creating new weapons with which practitioners are better able to combat disease; protecting and improving present standards; converting theory to practical fact, ignorance to knowledge, death and disease to life and health.

In their appointment of Dr. Hussey, AMA has gained a dedicated scientist with a distinguished medical career as teacher, clinical investigator, writer, administrator and medical statesman. Two years after receiving his medical degree *summa cum laude* from Georgetown University in 1934, he entered private practice as a family physician. The same year he began his teaching career at Georgetown, which has continued without interruption. He became, successively, Associate Professor of Medicine in 1950; Chairman of the Department of Medicine in 1956; and Dean of the School of Medicine in 1958.

He has engaged in clinical investigation and published papers of value. The author of 56 publications, many of them dealing with disorders of the peripheral vascular system, he served on the Editorial Board of the *Medical Annals of the District of Columbia* from 1940 to 1956 and was Medical Editor of *GP* from 1951 to 1959.

Dr. Hussey holds a Presidential appointment as a member of the Board of Regents of the National Library of Medicine. He is a Fellow of the American Board of Internal Medicine, a Fellow of the American College of Physicians, and a member of many other scientific organizations. He and Mrs. Hussey reside in Fort Sumner Hills, Maryland. They have one son, John Christopher.

In his new post Dr. Hussey will administer the programs of seven departments: Foods and Nutrition, Medical Physics and Rehabilitation, Medical Education and Hospitals, Nursing, the Scientific Assembly of the AMA, and Advertising Evaluation.

The officers, trustees and staff of the Illinois State Medical Society congratulate Dr. Hussey on his new appointment. Conversely, the AMA is to be congratulated for augmenting its efficient operation with a formidable new ingredient: "H^3."

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1. Physicians' Reports to the Medical Department, Armour Pharmaceutical Company, 1961. 2. Teitel, L. H., *et al.*: Indust. Med. *29*:150, 1960. 3. Billow, B. W., *et al.*: Southwestern Med. *41*:286, 1960. 4. Beck, C., *et al.*: Clin. Med. *7*:519, 1960. 5. Reich, W. J., and Nechtow, M. J.: J. Internat. Coll. Surgeons *36*:157, 1961. 6. Billow, B. W., *et al.*: Harlem Hosp. Bull., Annual Series No. 1, March, 1960, pp 41-45.

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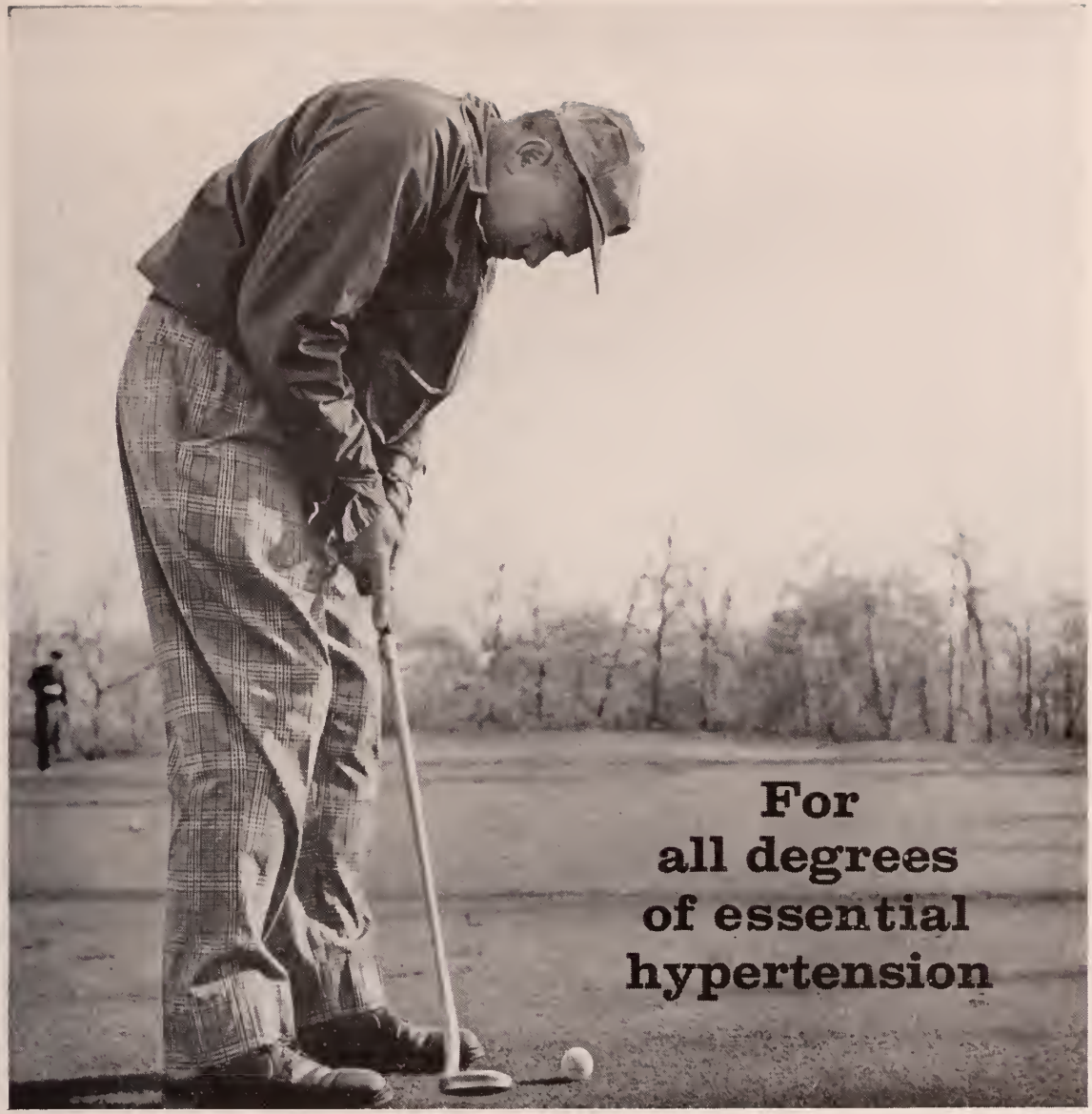
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†Hutchison J. C.: Current Therap. Res. *2*:487 (Oct.) 1960.

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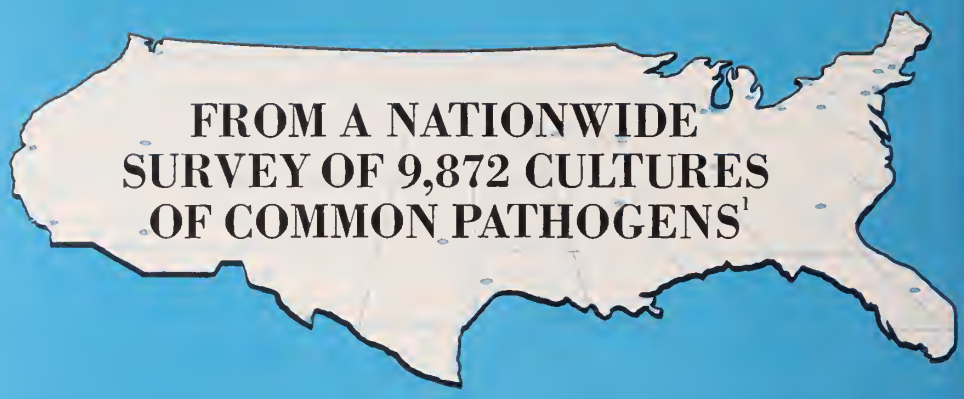
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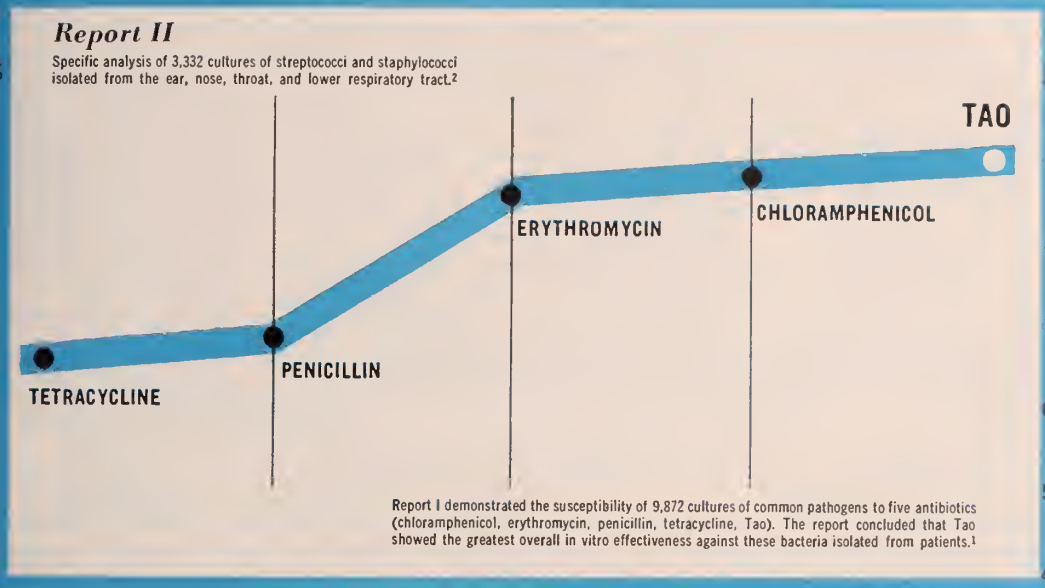
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Conclusions of Nationwide Survey: *Report I*

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2. Overall results showed a higher percentage of susceptibility among these common pathogens to Tao than to the other antibiotics. Susceptibility to Tao was greatest, not only in respiratory streptococci and staphylococci, but also in these organisms isolated from skin and soft tissue (3,423 cultures), genitourinary and gastrointestinal tracts and other sources (2,158 cultures). Susceptibility was equal to all antibiotics tested in pneumococci from unspecified sources (463 cultures), and less to Tao in H. influenzae from unspecified sources (196 cultures).

3. Tao has been used for five years without development of predictable cross resistance. In 1958 and 1961, approximately 73% and 70%, respectively, of erythromycin-resistant problem staphylococci showed susceptibility to Tao.[3,4] The present study confirms the continuing high degree of Tao activity even against these pathogens. Of 1,592 cultures of erythromycin-resistant staphylococci, 68% were susceptible to Tao, while in the reverse situation, only 33% of 768 Tao-resistant staphylococci were susceptible to erythromycin.



Report II

Results of Bacterial Susceptibility in 3,332 Respiratory Pathogens

eferences

"Bacterial Susceptibility Patterns: A Geographic Sur-y." Fowler, J. Ralph, M.D., and Watters, John L., .D. Scientific Exhibit presented at the Annual Meet-g of the American Society of Clinical Pathologists, icago, Ill., August 31 to September 9, 1962. Fowler, J. Ralph, Watters, John L. and Levy, Arthur .: Bacterial Susceptibility Patterns as Related to Geo-aphic Variation and Anatomical Source. In press. English, A. R., and Fink, F. C.: Antibiot. & Chemo-er. 8:420 (Aug.) 1958. 4. English, A. R., and Fink, C.: Antibiot. and Chemother. 11:648 (Oct.) 1961.

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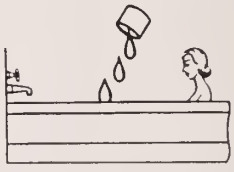
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1. Borota, A., and Grinell, R. N.: J. Amer. Geriatrics Soc., 10:413, 1962. 2. Spoor, H. J.: N. Y. State J. M., 58:3292, 1958. 3. Lubowe, I. I.: Western Med., 1:45, 1960. 4. Weissberg, G.: Clin. Med., 7:1161, 1960. 5. Lieberman, W.: Amer. J. Proctology, 12:374, 1961.

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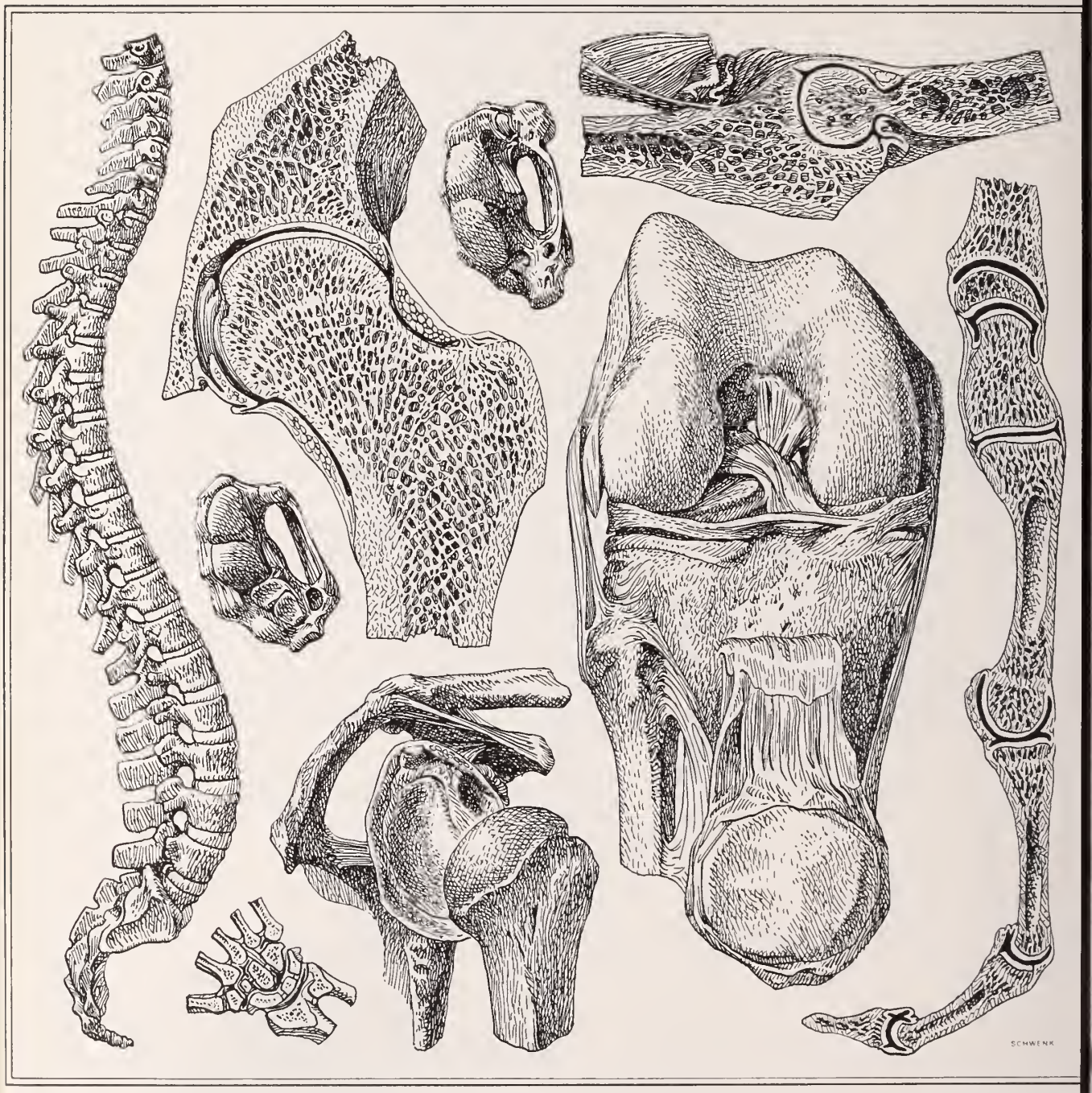
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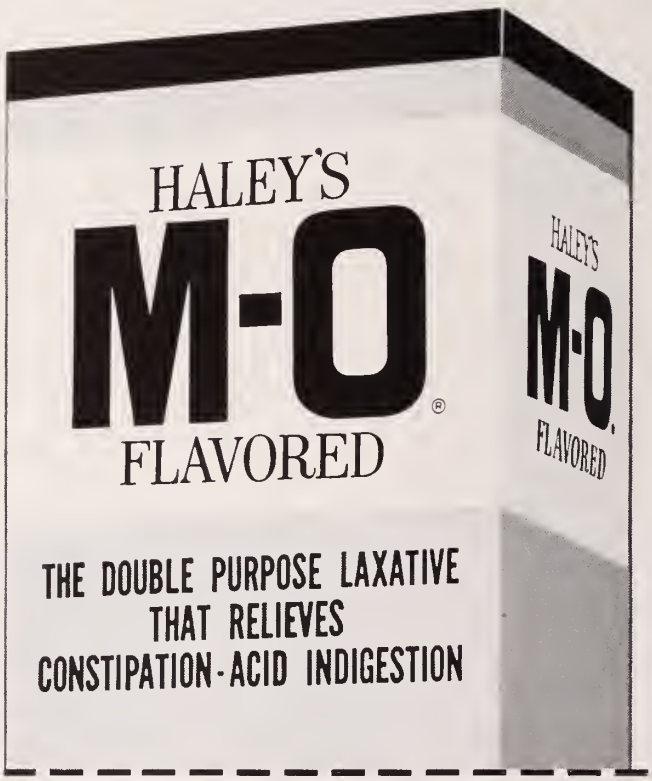
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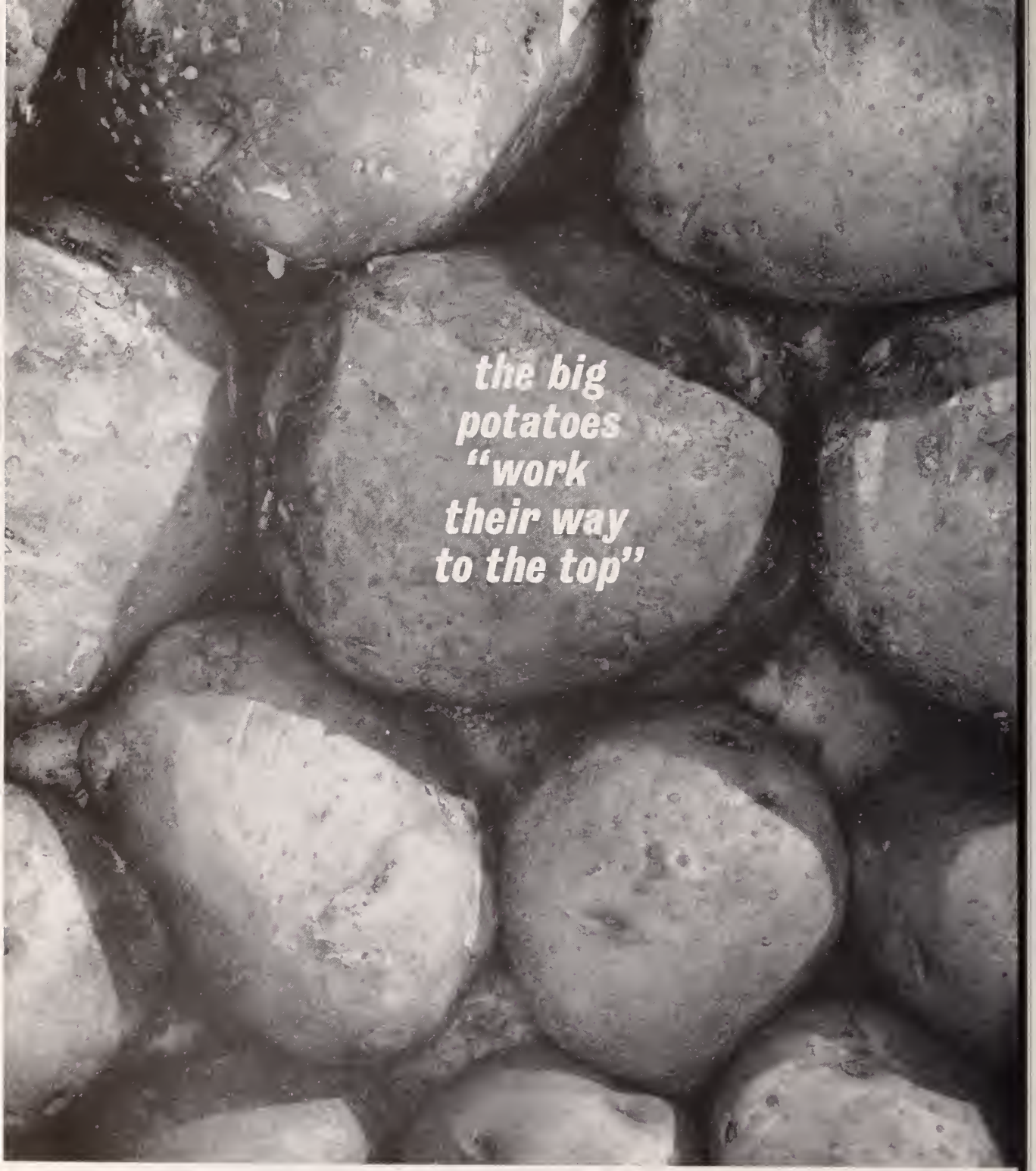
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IMJ

Illinois Medical Journal

volume 123, number 3 march, 1963

illinois medicine **HOSPITALIZED CHILDREN**

The Hospitalized Child

Willis J. Potts, M.D., *Chicago*

This unusual article, written in Dr. Potts' informal, colorful style, gives those of us who treat children a jarring reminder that TLC — Tender Loving Care — remains a vital adjunct to pediatric hospital care.

We are grateful to the Illinois Chapter of the American Association for Infant and Maternal Health, at whose seventh congress in Springfield last month Dr. Potts delivered this paper, for graciously permitting it to be published in IMJ. Because of the importance of this article, it also will appear in the March Illinois Chapter Bulletin.



Little Children Are Afraid of doctors because of previous unpleasant procedures to which they have been subjected. They employ no system of logic in evaluating the virtues of medical or surgical treatment. Primarily they fear needles and "shots." For children's protection physicians have to do unpleasant things to them, such as giving painful immunizing injections and antibiotic drugs. Consequently, when taken to a doctor the child promptly bursts forth with, "Are you going to give me a shot?" A child associates the prick of a needle with a white coat or a nurse's uniform. We might as well admit it — until we have completely won the confidence of children we are ogres to them. Children instinctively recognize antagonism and intolerance.

It is a truism worthy of repetition that a doctor's successful approach to a child is based on a fundamental love of children and a cultivated tolerance of their eccentricities. However, let me say in our defense that the screaming, not too ill, uncooperative brat hovered over by indulgent parents carrying on unintelligible baby talk in a vain effort to comfort their little darling is a trial of patience to any doctor. A carefully developed deaf ear to unjustified screaming, a zealously marked look covering signs of irritation and a completely camouflaged desire to stuff one's handkerchief in the wide open mouth pay dividends. A little time and even a smile, if authentic, will soon bring peace and cooperation. Interestingly enough, many of the "badly behaved" children become very

Pediatric Surgeon, Children's Memorial Hospital, Chicago; Professor of Surgery, Northwestern University School of Medicine; medical columnist, Chicago's American.

amiable when they find out that after all the doctor is their friend and is actually trying to help them.

The physician dealing with children must constantly realize that children vehemently and noisily express their aversion to being hurt — not too different from most adults. Recently, unobserved, I happened to watch a zealously persistent intern in the process of trying to insert a needle into a five-year old child's vein for administration of needed fluid. The child was screaming and wiggling. The intern said, "Stop wiggling." No cooperation followed the command. In desperation he shouted, "I'm trying to help you, pipe down and lie still." The child did not accept such logic, screamed louder and doubled his wiggling.

I was amused rather than critical because I remembered ashamedly that upon occasion I had done the same thing. No child is going to hold still to have a needle put in his arm. He hates needles with a deep and abiding hatred. All one can do in preparation for this simple procedure (yet an ordeal for the child) is to explain in a few simple words what has to be done and why, before the child sees the needle. As soon as he sees the needle he will scream. However, because he has been told beforehand what was going to happen, he will not harbor resentment. Sneak up on a child and without warning hurt him and you have a life time enemy. Even a five year old wants fair play and to be treated as an equal by the more powerful adult.

The child reflects the attitude of his parents. The mother who constantly worries about her child's every tiny variation from normal — what may not even be termed an illness — will soon have a child who magnifies complaints and courts disease. The seed of psychosomatic ailments is planted and will bear much fruit in later life.

Mothers in general know that about 90 per cent of children's ailments are self-limited, but anxiety about a possible serious illness often overshadows good judgment. Parents neglect their own infirmities but when their baby is sick — especially the first one — they fly to the doctor. That's good for the pediatrician but not for the child. He soon learns the power of accentuating complaints and thereby obtaining that delightful status of being the center of the stage.

Our primary concern is with the effect upon the emotions of the infant or child whose illness is severe enough to require hospitalization and operation. I have often wondered what sort of a scar, how deep and how serious, is left on the heart of a child who is torn from his parents and suddenly tossed into hospital environment associated in his mind with insecurity and pain.

Because people get sick there must be hospitals. Adults are presumably reasonable creatures who when ill go to hospitals more or less willingly because they know they have to do so to get well. We doctors work in hospitals every day and think them wonderful. As patients, most of us hate hospitals and their routine. Imagine how a child feels! Children's hospitals are marvelous institutions to parents the day they take home their child who was ill and now is well. That doesn't change the fact that to a child a hospital experience is often a nightmare. Before the age of reason a child is unable to comprehend why he should have been subjected to the emotional insecurity of separation from his mother. Even the finest hospital falls far short of what an ideal hospital should be, if nursing service were limitless and if laws of economics should be repealed, there would be no problem. A mother would simply bring her child to the hospital and deliver him to a nurse well trained in scientific care of children and in the art of substitute motherhood. Whether the child remained in the institution three days or three months would make little difference. Normal development would not be impeded and emotional turmoil would be avoided. It could be as simple as that.

Of necessity, hospital care for our children has become extremely complicated and, consequently, has a tendency to become too impersonal. We order intravenous fluids, blood transfusions, injections of drugs, nasal tubes, blood counts, and a host of other things. All are necessary for recovery of the patient, but how can a little child comprehend this, and how can residents, nurses and technicians get their work done if they had to spend two-thirds of their time explaining to unwilling listeners the object of each move. When dealing with immature and uncomprehending minds, we, parents and doctors, have to do the best we can to minimize the rips and tears in the emotional patterns of our children.

We know little about the memory of a child during his first year of life, but we do know that reactions to fear and insecurity manifest themselves early. An infant up to about one year of age is indifferent to physical surroundings but not by any means indifferent to the people who care for him. We ordinarily think that the infant of six months or less doesn't care whether the mother is present or not. Actually, the infant doesn't care so long as a substitute mother gives the same tender loving care ordinarily referred to as T.L.C. Nurses act as substitute mothers. Because they are women, and in their not too sub-conscious minds are looking forward to the day when they will be caring for their own children, they easily learn the technique of administering T.L.C. to the young infant. Whenever possible all infants are fed by a nurse holding the baby on her lap.

Infants require stimulation — auditory, visual and tactile. Their development — entirely by the route of their sense — must continue during those periods of time which are spent in a hospital. Of course, an illness of a week or two is going to leave no scar. The child's memory of pain is short and the ability to harbor resentment has not yet developed. Prolonged illness is another story. It has been shown again and again by psychiatrists that infants do poorly in a foundling's home where they get a minimum of attention. Even under the most hygienic surroundings they develop poorly, physically and mentally. The mortality rate is higher in these children than it is in even a rather poor home where they get essential tender loving care. This case came to my attention recently. A six weeks old normal male infant was brought to the hospital with a broken femur. It was necessary to put both legs up in overhead traction. The infant lay on his back twenty-four hours each day and was fed in that position. Circumstances were such that he had no visitors. After about three weeks the infant lay on his bed in a constantly listless state, indifferent to food and people. He didn't cry or fuss — just lay there with eyes half closed, and one might say, shut off from the world. At this time a volunteer worker was assigned to this infant eight hours a day. She fed the baby while supporting his head and shoulders. During waking hours she played with and fondled him. In another three weeks when ready to go home he had gained weight, was smiling, cooing, and acting as a three months old child should. This infant had not been neglected. He had been fed, bathed and kept clean but that's not enough for any child sick or well. They need thoughtful stimulation and that stimulation of their senses is what gives security and pleasure in living, synonymous with growth and development.

An eight months old baby girl so severely burned that recovery seemed impossible was kept alive and recovered because of nursing care. We couldn't pour plasma in fast enough to replace proteins lost from oozing wounds. Only food could keep up the child's strength. It is not easy to get food into a child who has constant pain and a fever of 103 to 104 degrees every day. It was accomplished by patience. As soon as the child could be picked up she was fed on a nurse's lap night and day. She recovered. She has physical but I'm quite sure no emotional scars. When the mother took her child home she thought we were serious when we facetiously suggested that she include in the child's name the initials R.N.

To mothers we suggest: Give your child the attention he craves, sick or well. Visit your sick baby in the hospital every day, and at the earliest possible date, take him home. There is no place in the world like home for a child. Even the poorest home where there is accord is better than the finest hospital. If the child must remain in the hospital long, visit often and crowd in as much attention as possible during those few hours. Whatever spoiling may be done during visiting hours will be counteracted during the rest of the day and night. Your child will naturally cry when you leave, but return visits will dispel the fear of being forgotten or deserted.

The sensitive three or four year old children requiring hospitalization and operation are the ones for whom I am sorry. While seriously ill they haven't enough energy to scream for their parents, but the moment they improve they begin hollering for their "mommy." Many, many times I have seen such little children standing in their high-sided cribs, their faces stained with tears, their pupils dilated with fear, sobbing interminably, "I want my mommy." You can pick them up, offer them toys, and tell them over and over the "mommy" is

coming. Their only response is more wailing and "I want my mommy now." A three year old child has no sense of time. "Pretty soon" means absolutely nothing. Anything they want, they want right now.

For many years visiting hours in children's hospitals have been entirely inadequate. I am ashamed to admit that before the war visiting hours at our hospital were limited to one hour daily — from 3 to 4 p.m. It was horrible. Unfortunately, visiting hours are still curtailed in many children's wards. We slowly lengthened the time until about five years ago when the period was extended from 10 a.m. to 7 p.m. This long period gives mothers a chance to come all day and also allows fathers to visit their children. The kids sure love it.

The prediction that mothers would clutter up the hospital and interfere with the nurses' work was totally wrong. Nurses like to have mothers at the hospital to help bathe, feed and change diapers.

Incidentally, peace and quiet instead of agonizing crying promotes better work and keener concentration on important tasks.

It's going to take some time to break down the prejudices against long visiting hours. To the sick kids, I would suggest children of the world arise and demand your rights. I can just imagine some disgruntled, precocious child organizing the wards for longer visiting hours. Imagine how effective it would be for the toddlers to organize and march through the hospital corridors with these placards over their shoulders: I want my Mom, longer visiting hours, I'm lonesome, more attention, I'm scared.

With no language but a cry, children will get their rights. Parents, hospital administrators and medical staffs will eventually listen and properly lengthen visiting hours.

"And where are you going?," I said to a pert, little five year old girl I met on the elevator.

Her snappy answer was, "I'm going to the operating room to have my tonsils out." Her tone of voice suggested that she was on her way to a party instead of the operating room.

Then she added, "Do you know what, my daddy took the whole day off just to be with me." A child would expect her mother to go along to the hospital but to think that her daddy cared enough to take the whole day off from work just to be with her — well, that was something special.

Contrast this story with that of a four and a half year old boy who had a ruptured appendix and was rushed to the hospital during the night for an emergency operation. The boy was whisked directly to the operating room where an appendectomy was successfully performed.

Then two crimes were committed. For some ghastly, unknown reason, the doctor refused to let either of the parents stay with the child during the uncomfortable few days following operation. He claimed that the boy would be better off if left alone. The mother, a trained nurse, begged to stay and help care for the child but was refused. The second crime: The hospital insisted throughout the two weeks of hospitalization that the 2 hour a day visiting rule be observed.

Of course, the child cried himself into exhaustion every day and night. He left the hospital physically well but emotionally scarred. Today, four years after this brutal experience, he still has nightmares and cries out in his sleep. He will not go to bed at night unless someone is in the room with him. He absolutely refuses to be separated from his parents. If the closet door of his room happens to be open he insists that it be closed and locked. Fear, constant, growing fear of being left alone still haunts this child.

Children from five to eight years of age are often as unhappy as the two year old, but can be steered into a more equable frame of mind during the long hours between visiting periods, provided there are enough nurses and helpers to give them their time and personal attention. Insecurity and fear to a far greater degree than we realize plague these children who are sick and, against their wishes, are forced into a hospital. The best we can do in our present state of hospital tradition and medical necessity is to prepare them for the unpleasant incidents which suddenly face them, and in love and understanding soften the blow to their immature minds.

For older children nothing in the field of medicine is finer nor more essential than an understanding nurse, resident or intern who with cultivated sixth sense, makes them feel that they have not entered torture chambers

but have been admitted to a place where folks are going to help get them well.

It never ceases to be interesting to watch the reaction of children entering a hospital for operation. It varies all the way from childish bravado to sheer panic. A seven year old boy was brought in because of a question of hernia. Examination proved there was no hernia; and as the boy left the examining room he made of gesture of wiping sweat from his brow and exclaimed, "Boy, that was a close one." A younger child clarified his position after I had explained to him that he would have to have an operation. He said, "I hate you, you stinker." Another little boy said in response to what he considered bad news, "You know what? Lions eat people and I hope they eat you." One won't have to worry that such children will have repressions. Children growing up in an atmosphere of freedom will be well adjusted extroverts, providing these liberties are carefully balanced with intelligent restrictions.

POSTGRADUATE MEETING

Presented by University of Illinois College of Medicine

Sponsored by:
Tazewell County Medical Society
and Illinois State Medical Society
Pierre Marquette Hotel, Peoria, Illinois
March 21, 1963

1:30 "Debatable Problems in Cancer Management"
DANLEY SLAUGHTER, M.D.,
Associate Professor of Surgery
"Misadventures in ENT Diagnosis and Management"
FRANCIS L. LEDERER, M.D.,
Professor and Head of Otolaryngology
"Diseases of the Connective Tissue — Fever of Undetermined Origin"
EDMUND F. FOLEY, M.D.,
Professor of Medicine

5:00 Social Hour — wives invited

6:00 Dinner — wives invited
Tickets $4.25

7:00 "Cardiology"
OGLESBY PAUL, M.D.,
Clinical Associate Professor of Medicine
"Neurosurgery"
ERIC OLDBERG, M.D.,
Head of Neurology and Neurological Surgery

Tazewell County Postgraduate Committee
Roland C. Wherry, M.D.,
Chairman
Rollo F. K. Jordan, M.D.
Rudolph A. Heldon, M.D.
Nelson A. Wright III, M.D.
Albert S. Mauer, M.D.

Pediatric Facilities in Illinois Hospitals

Preliminary Report

W. Robert Elghammer, M.D., H. William Elghammer, M.D. and Robert S. Mendelsohn, M.D., *Danville*

This penetrating survey not only will help Illinois hospitals better evaluate their own pediatric facilities, it will permit comparison with those of other states and with national trends.

As part of a continuing activity, a statewide survey of pediatric facilities in Illinois general hospitals was conducted in 1960 by the Illinois Chapter of the American Academy of Pediatrics. This study was aimed at determining present levels of hospital care of children and at defining areas of need so that pediatric groups and other organizations concerned with child health might be appropriately advised.

A questionnaire was sent by the Committee on Hospital Care of the Illinois Chapter to all general hospitals in the state. One hundred thirty-seven hospitals (50%) replied; of these 59 had less than 100 beds, 35 had 100-199 beds, 24 had 200-299 beds, and 19 had over 300 beds. We intend to present certain aspects of this this survey and also to indicate areas in need of further study.

Results

As might be expected, certain findings were closely related to the size of the hospital. Thus, the incidence of separate pediatric departments, newborn nurseries supervised by pediatricians, per cent of patients cared for by pediatricians, and ratio of registered nurses to patients appeared to be definitely correlated with the size of the various hospitals (Table 1).

The entire set of questions pertaining to number of nurses, nursing service and auxiliary personnel proved very difficult to analyze. In hospitals below 100 beds, the nurse patient ratio ranged from 1:1 to 1:25. There were similarly wide ranges between larger hospitals. Since nursing service depends on so many diverse factors (teaching, research, presence of parents, auxiliary personnel, community traditions, design of unit, length of hospital stay, etc.), this kind of inquiry seems to bring out little of value, and will either be dropped or extensively revised in future surveys.

Visiting and Overnight Accommodations

As pediatricians, we have been interested in the emotional as well as the physical aspects of hospital care. In recent years, there has been much discussion and writing about the emotional effects upon children separated from their parents. Pediatricians and others interested in child health have attempted to define this area and to offer constructive advice. While we are in no position to extensively investigate this subject, we decided, in preparing this questionnaire, to single out one area that might be particualrly indicative of the attitudes of physicians and other professional personnel towards child-parent-hospital relationships.

These ideas were expressed in the questions on visiting and overnight accommodations. Some of the findings on visiting were as follows:

1. The number of visting hours did not depend on hospital size.
2. Practically all hospitals permit daily visiting.

Committee on Hospital Care, Illinois Chapter, American Academy of Pediatrics.

3. Visiting hours for patients in private rooms averaged 9 hours daily, while visiting for ward patients was only slightly less, 8 hours daily.
4. About 25% of all hospitals (regardless of size) have unlimited visiting privileges for patients in private rooms.
5. About 15% of all hospitals have unlimited visiting privileges for ward patients; no hospital above 300 beds is in this group.
6. If those hospitals with unlimited visiting procedures are excluded, the average daily visiting hours are 4 hours daily for private and 3 hours daily for ward patients.

Overnight accommodations for parents were also unrelated to the size of the hospitals. About 50 per cent of hospitals provide some sleeping accommodations. In most cases these were variously described as "cots, bed-chairs, studio couches, roll-away beds, lounge chairs, Hide-a-Beds, contour lounges, folding beds, day beds, easy chairs, foldaway mattress cots, and comfortable chairs."

While the variety of accommodations used points to an interest along these lines, many hospitals obviously were unhappy about parents staying overnight, as indicated by statements such as "staying overnight not permitted except in critical cases", "discouraged unless there is an emergency", "not advocated, but we do have cots", "only if parents are needed". Other hospitals were inclined otherwise, and their statements included "according to doctor's instructions", "we are rather permissive", "cots and meals served", "cots and meals free if parent desires to stay". While a statistical analysis of these replies is obviously not possible, it was our impression on reviewing the questionnaires that patterns of visiting and overnight accommodations were not related to hospital size, control (religion, community or private), number of pediatricians or ratio of nurses to patients. One may speculate on other determining factors, such as philosophy of hospital administrators, physicians, nurses, and community traditions and attitudes. A deeper approach along socio-psychologic-medical lines would be required for further elucidation. Nevertheless we are impressed with the number of hospitals where the value of maintaining family relationships is recognized and attempts considered to decrease the potential trauma.

TABLE 1.

Beds	Separate pediatrics department	Pediatrician in charge of nursery	% of patients cared for by pediatrician	Ratio RN: patients
0-99				
59 hospitals	10 (17%)	17%	12%	1:10
100-199				
35 hospitals	29 (83%)	48%	34%	1:7
200-299				
24 hospitals	22 (92%)	79%	39%	1:4
300+				
19 hospitals	18 (95%)	84%	64%	1:5

Areas of Improvement

We were gratified at the nature and number of responses given to this "open-end" type question. The greatest need expressed was for mental health facilities, both in-patient and out-patient clinics (26 hospitals). Other needs noted were better premature care (20 hospitals), more pediatricians (18 hospitals), better training of pediatric nurses including post-graduate nursing courses (18 hospitals), increased number of pediatric beds (8 hospitals).

Other responses mentioned by a few hospitals (large and small, rural and metropolitan) are of equal importance:

Health education — "better medical education of the community, more parent education concerning child care, such as the need for pre-school age immunizations, early dental care, correction of poor dietary habits."

Special needs — "specialized medical staffing, contagious disease facilities, neurosurgical consultation, educational facilities for handicapped children, adolescent clinic, retarded children's clinic, facilities for removal of foreign bodies in respiratory tract, more out-patient clinics."

Preventive services — "pre-school and school age physical exam, greater emphasis on providing facilities and staff for routine physical examinations through our school system". (Both these comments are from Chicago hospitals.)

Ancillary personnel — "public health nurses, social workers interested in child care."

Discussion

Preliminary segments of this survey have been reported at the Illinois Chapter, AAP meetings in November 1960 and May 1961. The committee was then directed by the Chapter to send copies of the Academy booklet "Hospital Care for Children" to the 130 hospitals who had requested them. The interest expressed following these presentations stimulated us to submit this completed report and also to plan for this survey to be conducted as an on-going activity of the Committee on Hospital Care. Insofar as the internal validity of the questionnaire is concerned, we would hope that the degree and completness of response will increase as there is more appreciation of the questionnaire, more distribution of information by the Committee, and better follow-up of the survey. In addition to giving us a better look at ourselves, this will also enable us to compare our state with others and with national trends. This data should also be valuable to paramedical organizations.

Credits

We are grateful to Dr. James B. Gillespie for his direction and encouragement; and to Drs. E. H. Christopherson and Robert Frazier for the help of the Executive Office of the American Academy of Pediatrics.

Reprints may be secured from W. Robert Elghammer, M.D., 733 N. Logan, Danville, Illinois.

Iatrogenic Hazards

John S. Lundy, M.D., *Chicago*

1. Narcotics

Gloomy thoughts sometimes follow happy ones. After the joy of finding pain relief from opiates comes the realization of the dangers of drug addiction, to all associated with these drugs. A recent editorial here points to one of these hazards. (Editorial on medical addiction by Dr. Van Dellen in the August, 1962 Illinois Medical Journal.) The use of addicting drugs for the relief of chronic pain starts a treatment that may result in iatrongenic patients, in spite of one's best intentions.

2. Cortisone

Awareness of the hidden dangers of the most beneficially appearing forms of treatment of heretofore puzzling medical problems calls for an occasional warning of troublesome complications that may occur. The addiction problem is one already mentioned. Another illustration is one created by medical science, namely cortisone treatments for a great variety of conditions. Sometime ago I called attention to the hazards of anesthesia and operation in patients previously treated with cortisone. After a lapse of such treatment they were left with no defense against the depression of drugs used by those who administer anesthestics. Fortunately preoperative preparations with cortisone solved this iatrogenic hazardous situation.

3. Muscle Relaxants

A third illustration that calls for attention is the use of muscle relaxants for surgical exposure. The rash of cardiac arrests since the use and abuse of Curare and Succinylcholine calls attention to another iatrogenic hidden or unlooked for hazard; namely paralysis of the chest, a most serious suspension of muscular activity. The false assumption that rhythmic manual compression of the breathing bag on the gas machine reproduces in the patient the same effect as his breathing, has increased the dangers of the patient losing his first line of defense against anoxia. This may be sufficient to exhaust the heart in time. In order to compensate for respiratory paralysis the period when it may be necessary must be short. A change in current practice will have to occur

(Continued on page 247)

Children in Illinois Mental Hospitals

WERNER TUTEUR, M.D., *Elgin*

Although Illinois is fast meeting the special needs of mentally ill children requiring hospitalization, more outpatient clinics are needed for rehabilitation and teaching of vocational skills.

FOR ALMOST ONE-HUNDRED YEARS uneducable and maladjusted children were hospitalized in the institutions for the adult feebleminded and epileptics. Fairly recent advances in diagnostic acumen recognized that many emotionally ill youngsters were utterly misplaced with the mentally defective adult. Childhood schizophrenia became recognized as a diagnostic entity and juvenile delinquency claimed its diagnostic delineation. Refinement in neurological diagnosis contributed to a better understanding of emotional illness in children in connection with organic brain disease.

The eventual result of this development was the fact that nonfeebleminded children in need of hospitalization were no longer institutionalized with the mental defective, but with the nonfeebleminded adult in public institutions designed for the latter.

The result of such policy was most undesirable. Children of preschool and school age and adolescents would arrive at the large institutions by court commitment and were placed with adults. Personnel were not adequately trained for the physical and mental needs of such patients. Adult patients felt disturbed by their presence and their juvenile-disturbed way of behavior. Conversely, the youngsters felt alienated by the presence of adults.

The increase in the over-all population of the emotionally ill child runs parallel with the increase of the general population. It is *not* due, as is frequently believed, to the present-day insecure conditions of life. Public and profession have been educated along the concept that emotional illness offers its best opportunity for treatment and improvement if recognized and treated early. The closest loved ones to parents are their children, hence the appropriate concern. Teachers and educators have become more alert. Teachers had always been in a much better position to recognize an emotionally disturbed youngster beyond and above the denial techniques frequently employed by a parent, who cannot possibly perceive the idea that "this can happen to our child." The legal profession and law enforcement agencies have developed a keen sense toward the motivations of aberrant human behavoir, particularly in youngsters. The very term juvenile delinquency was created as an euphemism to avoid the term criminality. Youth commissions charged with the welfare of the juvenile delinquent soon discovered the psychiatric implications of their very difficult task.

Children and adolescents were finally populating the large overcrowded mental institutions in such numbers that separate units had to be created for them. This movement began in the early fifties.

The State of Illinois presently operates three units for children, ages six to 12. One is the William Healy School, located in the Medical Center in Chicago, which accommodates 30 children. The Grace Abbott Unit is attached to the Peoria State Hospital and has also 30 beds. The third unit is an integral part of Chicago State Hospital, likewise housing 30 children. There are four separate units for adolescents, ages 12 to 17. One is located within the confines of Peoria State Hospital, with a capacity of 30, another one within Galesburg State Re-

Clinical Director, Elgin State Hospital, Elgin, Illinois.

Read at the Annual Convention of the Illinois State Medical Society, May 17, 1962.

search Hospital (60 beds), a third one at Chicago State Hospital (70 beds), and a fourth and most recent one at Elgin State Hospital (48 beds). Every unit accepts both sexes except Peoria, where only male adolscents are admitted.

Recently a new facility for multiple handicapped children up to age six was erected and opened in the immediate vicinity of the Illinois State Psychiatric Institute. This new Illinois State Pediatric Institute has a capacity of 585 beds, 92 of which are occupied at this writing. The census of this new institute will increase parallel with the recruiting of appropriate staff which is now in progress. Also, the State is presently planning to erect six small mental hospitals, dispersed geographically over its area, equipped with 500 beds each. They have been designated for the early and intensive treatment of mental illness. Each of these hospitals is to be provided with 100 beds for patients under the age of 18. This will be another welcome addition to 600 beds for juveniles statewide. These new units are also meant to provide outpatient care for youngsters and planning provides for space to accommodate 150 of them at one time.

The mere creation of such facilities does not offer any final solution. Although much intelligent planning precedes the opening of each and every unit, trial and error will continue to be the best teachers regarding their operation.

The scarcity of trained child psychiatrists is a severe handicap. One full time child psychiatrist is heading the Chicago State Hospital childrens' unit and another one the male adolescent unit. All other units are serviced by child psychiatrists on a part time basis. The plan at the William Healy School is to have a child psychiatrist, possibly in training at the nearby Institute for Juvenile Research, for each child.

The Elgin Unit opened in January, 1961. It is the youngest of the adolescents' units and still in the experimental stage. In addition to a part time child psychiatrist who visits once every week, it is headed by one social worker, three psychologists, two teachers, one activity therapist, and two registered nurses. In addition, there are usually four psychiatric aides present at the unit during each eight hour period. All group activities are, of course, coeducational. The unit remains not only selective regarding age, but also educability of the patients. Selectivity of a special unit within a large institution which is forced to accept patients indiscriminately by court commitment and on a voluntary basis is bound to create difficulties.

The absence of a full-time child psychiatrist made itself felt from the beginning. Members of the ancillary professions as mentioned are giving their best to develop the unit. The child psychiatrist meets with a special committee, composed of these persons, advising them as to policy, diagnosis and treatment. This committee also selects patients for the unit and determines discharges.

The emphasis remains on schooling. Four of the 32 patients presently occupying the unit have progressed sufficiently that they are attending the Public School System of the City of Elgin.

However, when a youngster reaches his 18th birthday he automatically is transferred to the adult population, unless he is discharged. It does not take much wisdom to predict that such a situation may not always be desirable.

Problems in Diagnosis and Adjustment

Frequently a youngster should not return to the home where his illness started and was possibly fostered. In contrast to the adult patient a youngster cannot be discharged to himself. Foster homes for former mental hospital patients are scarce and in many instances leave much to be desired. These difficulties are magnified with regard to children. It is for this reason that parent education must be an integral part of the activities of children units. This is in full accordance with any type of the practice of child psychiatry.

The diagnostics of child psychiatry is one of most difficult areas of our field. Frequently pathological entities are not clearly defined, offering difficulties in differential diagnosis. A diagnosis of schizophrenia carries a life sentence of disability and should not be made lightly.

The period between ages 12 and 18 is the most schizophrenogenic. An adolescent while in such a unit will experience the bewilderment and embarrassment of prepuberty, puberty and

postpuberty. This will occur in those who have been hospitalized for a basic emotional disturbance which may or may not represent the foreboding of a major mental illness yet to come. This situation represents a special challenge to the personnel in attendance.

More than ever must one be aware of the fact that these patients spend their formative period with us, and that a youngster develops by imitation and identification. This offers great treatment advantages over the diseased adult, but also offers pitfalls even for the skilled therapist.

Association with the opposite sex offers many a delicate problem. Rejection may lead to further complications in the youngster's emotional life, while overfriendliness may result in an undesirable degree of intimacy. These every day problems of the growing child are merely amplified when applied to adolescents primarily not emotionally well.

During the age bracket of 12 to 18, the youngster is faced with the tantamount question of selecting a means to support himself. This situation differs from the adult patient who, in most instances, reaches us after he has acquired certain skills or has been educated in a profession. Experience has shown that the adult upon improvement and discharge frequently returns to gainful employment. It will eventually become the responsibility of an adolescent unit to prepare the youngster for life emotionally, as well as vocationally.

Meeting the Need

There are still needed at this time good outpatient facilities for the twofold purpose of preventing hospitalization and of giving aftercare, rehabilitation and possibly teaching vocational skills. Such facilities must also become centers for parent education. The Institute for Juvenile Research in Chicago, with its down state clinics, remains the lonely star in this vast firmament. Eventually one will learn from experience with the adult emotionally ill. In his case, outpatient clinics have done much regarding early recognition and treatment of an emotional illness and have contributed considerably to his adjustment after leaving the institution. Group therapy in children is merely another possibility very little explored.

The State of Illinois and the psychiatric profession have accepted the challenge of the juvenile emotionally ill. More than ever will the keynote of all treatment be on this meaningful concept inherent to all illness: "PREVENTION."

Note: I am indebted to Mr. Lowell Sachnoff of the General Office of the Department of Mental Health, Mr. Jack R. Hartong, Special Education Coordinator of the same Department, and Mr. Alfred E. Riley, Assistant Superintendent, Illinois State Pediatric Institute. All of them supplied valuable data and information to this study.

Discussion of Dr. Tuteur's Paper

John F. Kenward, M.D., *Elgin*

In this brief report, Dr. Tuteur has presented a list of the state institutions for disturbed children. He comments on the need and evolvement of specialized units and points to some of the problems and pitfalls. He touched on needs and possibilities. Because of its brevity, I found the paper provocative. I found that I wanted almost every sentence clarified or amplified. For instance, it would have been extremely interesting to learn what each existing unit was doing and how they were doing it. But I realized this would require another paper. I was tempted to write one but will confine my remarks to the points presented by Dr. Tuteur.

He states that placing children with adults was most undesirable. Under the circumstances described, this is certainly true. I do not believe it should be considered as a permanent treatment of choice for any child. Certain children should never be exposed to it, but others may profit by a well planned program with adults. For instance at Elgin we have found it advantageous to admit the impulse ridden adolescent to the regular admitting ward rather than directly to the adolescent unit. Some are so disturbed that if introduced immediately into the group, chaos would result. A cooling off period is often necessary. One boy had such a low frustration tolerance and was so rebellious that as the nurse put it, he would "fight a buzz saw." Each time he lost control he was sent to the more restrictive ward where there was much less to do. As soon as he was calmed down, he was brought back. After about a week of going up and down like a yo-yo, he blurted out: "Say, what do I have to do to stay down here?" He was now ready for Halloran.

In addition when the adolescents are with adults they have a chance to look about and begin to recognize the serious plight they are in.

In talking about the increase in mentally ill individuals, Dr. Tuteur points out this runs parallel to the population increase and hence is not due to present insecure conditions of life. This may be true but it seems possible that mental illness might have a higher incidence unless lowered by better prevention and

Consultant in Child Psychiatry, Elgin State Hospital.

treatment. There may well be other variables that cancel each other to arrive at the given statistic.

Much could be said about teachers as case finders and diagnosticians, about the role of the pediatrician, and about the child who is not diagnosed by anyone until he gets to school, but I will stick to the main theme. It is certainly true that there is an increased awareness of childhood emotional illness on the part of the medical profession as well as the lay public. Unfortunately, case finding and diagnosis are running far ahead of treatment facilities and therapeutic techniques.

In reporting on the new regional hospitals, it is said there will be six units of 100 beds each for children. The question arises, will these units be divided into smaller homogenous units or will they be large heterogenous ones. It might be well to consider the possibility of each unit specializing in a particular problem rather than the unit trying to cope with all types. After the child is discharged he could return to the clinic nearest his home for out-patient care.

Regarding the operation, Dr. Tuteur says: "Trial and error will continue to be the best teacher." To some extent this is true as long as we are so ignorant about the cause and treatment of childhood emotional disorders. But we have learned some things and the impulse ridden adolescent will have to be treated quite differently than the withdrawn schizophrenic child. If Dr. Tuteur means that rigidity of philosophy be avoided and an open mind be maintained, then I heartily agree.

It is reported that the plan at William Healy is to have a psychiatrist for each child. If this is for the training of the psychiatrist, fine. If, however, this is thought to be the best possible treatment plan for all children, one has to take a good hard look. So much depends on the disorder and the skill of the therapist. Just spending an hour with the patient is not necessarily good therapy. Therapy, especially with the adolescent, should be flexible.

At the Elgin Adolescent Unit (Halloran Cottage) we find a crisis oriented therapy much more beneficial than assigning a therapist for regular specified sessions. But we are dealing mainly with the impulse ridden adolescent. Several of these had months of regular sessions on an ont-patient basis without improvement. They wouldn't and couldn't really let down their defenses and talk as long as they lived in an environment where they needed them. As long as they had hope of getting what they want, they could see no need to change. Again there seems to be a certain inertia of thought and behavior that requires patient waiting until the crisis arises, and the child wants to talk. Incidentally, one does not have to wait long.

In the treatment of children one may well be aware of the needs and dynamics driving the behavior, but one must also be aware of the practical and the need of the child to face reality. One must know why the child is as he is or behaves as he does, but also one must appraise realistically what at the moment he can do about it. It is all very well to recognize that a child hates with a deep abiding hate because he has been deprived and mistreated. To think that the child will give up his distrust, hatred and misbehavior readily if treated only with trust and kindness, is expecting too much. His behavior has to be restrained and curtailed also — note, I did not say punished — until the child begins to recognize the uselessness of the behavior. The therapy has to be reality oriented. Alone, indulgence, so called "do-gooding" in an attempt to provide what the child has missed will have little effect until the child has learned that his impulsive behavior gets him nowhere. Acting-out replaces thought and the child does not stop to think until his unsocial acting is stopped. Another thing he has to accept is that he cannot go back and make up what he has lost, but he can do a great deal to obtain real satisfaction in his life ahead.

"When a youngster reaches his 18th birthday, he automatically is transferred to the adult population unless he is discharged."

That sounds rigid and cold blooded when in actual practice it is not. As yet we have not transferred any youngster to the adult population because he was overage. Of those who approached their 18th birthday, one boy was accepted by the army and has made a good adjustment. One boy, when he had profited as much as he could in the academic program, was sent to the carpenter shop. He has done so well, preparations are now being made by him and his family to establish a small upholstery shop when he is discharged. Two of our boys with low potential were returned to the industrial ward in an attempt to train them for a job. This has not worked very well because the institution has limited facilities for vocational training.

Halloran can do an excellent job but cannot do the complete rehabilitation. We take children at their lowest, most desperate point. For a variety of reasons many have been unable to acquire even rudimentary skills and knowledge. In a self-defeating way, they are trying to coerce the environment. At this stage they need a locked ward. But they change. They acquire hope, they learn, and they no longer are so desperately rebellious. Now they are ready for more freedom and opportunity. Continuing on at Halloran from this point may actually be retarding. As with other child developmental phases, if one does not take advantage of maturation, retardation of function may follow.

Several of our children are ready to advance, but there are so few facilities available. They cannot return home and they are not yet ready to be on their own. Half-way havens and vocational training and guidance are desperately needed.

Dr. Tuteur mentioned parent education as indispensable. I do feel that the treatment plan should be to return the child home if this is at all possible. At times this is impossible, but in a number of situations it can and has been done. Some parents appear much less pathological once the child is out of the home and can be treated. Ideally, the institution that treats the child should treat the entire family, however, at present this is not feasible. Local clinics can be and have been a great help in preparing for the child's return.

The problem of a child living in an institution during the developing, formative years is a very serious one. It should ever be kept in mind that the treatment policy should be to adjust the child to life and not

just to the hospital. Every opportunity should be taken to maintain contact with the outside world and to keep the child striving for eventual independence.

Finally, a word about the selectivity of a special unit. Dr. Tuteur says this is bound to create difficulties. I am not sure just what he had in mind. We have had our problems but none insurmountable. As we have tried to portray what we are trying to do and have invited others to share our discussions, understanding has come.

Selectivity has made it possible for Halloran to be a success. This applies not only to the patients but also to our staff. One of the advantages of being with a large hospital is the relative lack of difficulty in shifting personnel if they find they cannot work with our patients. We have had aides who were excellent with adult patients but became too anxious with adolescents.

Indispensable to the success of the unit has been the whole-hearted support of Dr. Haffron, Dr. Tuteur, Dr. Manelli, and Dr. Platt. Indeed, the entire staff has been most cooperative.

I wish I had time to tell more about the staff and aides of Halloran but it is sufficient for the moment to say that no group has been more loyal, dedicated and conscientious.

Reply to the Foregoing

It has been the overwhelming experience of our Medical staff dealing with both adults and adolescents on the same ward that a separation of the two is desirable. It so happens that only yesterday agreement was reached regarding this policy. With regard to the six units of 100 beds each for children being an integral part of the six new small mental hospitals to be erected in Illinois, I have information that 40 of those beds tentatively will be for mentally retarded children, 30 for emotionally disturbed ones, and the remaining 30 for homeless children and those considered for adoption. Regarding selectivity of our adolescent unit, it has frequently come to our attention that parents have wondered why their children could not find entrance into this unit. A considerable number of children and adolescents remain dispersed over the institution, and eventually an additional unit for these may become necessary.

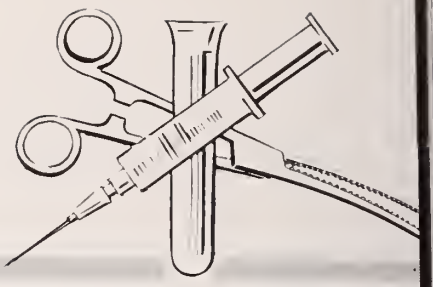
Iatrogenic Hazards

(continued from page 242)

either voluntary or by compulsion. Withdrawal of insurance protection or limitation of insurance protection as happened in connection with spinal anesthesia, may occur. The heart is in the chest for the purpose of function. After the big pump stops it is only a matter of time until the little pump stops. A mechanical substitute for the hand on the breathing bag is a great improvement, but not yet does it fully duplicate the results of natural respiratory chest motion.

Comment

These three illustrations of how far the pendulum of practice may swing serves to cause warnings to be sounded from time to time to avoid the usual reaction of having the pendulum swing too far in the opposite direction. We must be prepared to accept a calculated surgical risk, but only if it is necessary. Most hazards can be avoided by vigilence. Since we seldom anticipate these compliations of newly instituted measures to be used in medical practice, let no time be lost when they are recognized, as they are now.



Clinical Surgical Conferences

Cook County Hospital

Fractures of the Hand

Moderator: John A. Boswick, Jr., M.D.
Department of Surgical Education
Cook County Hospital, and
Department of Surgery
Northwestern University Medical School

Discussants: Burton C. Kilbourne, M.D.
Department of Surgery
University of Illinois
Francis M. Howard, M.D.
Department of Orthopedic Surgery
University of Illinois

Dr. John A. Boswick: Hand injuries, including fractures, are encountered from a variety of activities. This somewhat explains their frequency in surgical practice. Home, industrial, and athletic injuries all account for these serious problems, each having its own peculiar subtype. The industrial injuries are usually more severe in extent and multiplicity. This group has a high incidence of associated nerve and tendon injuries. The great functional impairment that can result from the slightest suboptimal therapy, makes the plea for early adequate care more than justified.

To discuss this difficult group of injuries, we have two well trained and experienced surgeons. Dr. Burton C. Kilbourne, Assistant Professor of Surgery, University of Illinois, College of Medicine, and Attending Surgeon, Presbyterian-St. Lukes Hospital; and Dr. Francis M. Howard of the Department of Orthopedic Surgery, University of Illinois.

We will start our Conference by asking Dr. Kilbourne to discuss fractures of the phalanges and metacarpals.

Dr. Burton C. Kilbourne: Fractures of the distal phalanx are usually caused by crushing, i.e., automobile doors, punch presses, etc. They are most often transverse or cominuted, and usually present no problem with displacement or instability. Subungual hematomas often accompany these fractures, and are best treated by windowing the nail. The fractures are usually well handled by a compression dressing, and a small metal splint that immobilizes the distal joint only. Dense fibrous union is usually sufficient in two to three weeks to allow good painless function.

The dorsal lip fracture of the base of the phalanx, giving the "Mallet" or "Baseball" deformity demands rigid therapy for optimal results. The fragment is placed in proper position, and the reduction held by hyperextending the distal, and flexing the proximal interphalangeal joint (approximately 60°). This position is often difficult to hold with plaster or a metal splint. A Kirschner wire through the distal phalanx, across the hyperextended joint into the middle phalanx, allows for more positive

fixation. The proximal joint is then held in its flexed position with a metal splint.

Injuries of the middle phalanx present more of a variety of deformities. These fractures may be oblique, transverse, or cominuted. Depending upon the location of the fracture, the type, and amount of soft tissue disruption there may be marked angulation, over-riding, or essentially no displacement. The stable fracture of the shaft can be treated with a volar splint with both joints in moderate flexion.

The usual deformity is volar buckling since most fractures occur distal to the insertion of the sublimus tendon. A Kirschner wire across the fracture site or down the intermedullary canal provides very effective fixation. If the fracture is cominuted, pulp traction over a curved volar splint will usually hold the fragments, *if they have been adequately reduced.*

Dorsal buckling is occasionally noted when the fracture site is near the base. This is due to the unopposed action of the long extensor pull on the proximal fragment. This fracture is also very effectively treated with an intramedullary Kirschner wire.

The use of internal fixation across joints presents the problem of proper positioning after reduction. It is preferable to obtain reduction and stabilization in extension, and to splint the digit with both interphalangeal joints in moderate flexion. This prevents shortening of the collateral ligaments, and residual stiffness.

Fractures of the proximal phalanx are usually of the shaft and base, resulting in a volar buckling due to muscle pull. The type of immobilization chosen is dependent upon location and stability after reduction. The stable transverse fracture of the shaft can usually be held over a volar splint. This should include immobilization of the wrist. The use of Kirschner wires down the intermedullary canal or across fracture sites provides the most effective fixation for the unstable fractures. In cases of cominution the use of pulp traction is effective in holding reduction, and preventing the splaying of fragments. Fractures of the neck result in anterior buckling. These are usually unstable, and difficult to reduce. To hold the reduction usually requires pin fixation through the flexed proximal joint.

Fractures of the metacarpals vary in type and severity, from the stable closed fracture, to the open markedly cominuted. Neck fractures result in volar angulation of the metacarpal head. This results in a painful prominence in the palm; and loss of function of the digit. Reduction is obtained by indirect pressure through the acutely flexed proximal phalanx. The preferable method of immobilization for most of these fractures is the retrograde insertion of Kirschner wires. Two wires are used to prevent rotation. The digit is splinted with both joints in moderate flexion. If the fracture has slight or minimal angulation, immobilization may be maintained by a well padded splint applied to both dorsal and volar surface, with the hand and involved digit in a position of function. Dangers of the latter method are full thickness skin slough, (due to pressure of the splint) maceration of creases, and joint stiffness.

Fractures of the shaft present dorsal and volar buckling depending upon the location, and associated tendon defects. All have the possibility of rotation, especially the fractures that are spiral or oblique. To the previously described techniques of immobilization can be added the use of the small transfixing bone screw, the stable fractures being treated by splinting, keeping in mind to also splint the involved digit, and leaving the uninvolved digits free. Cominution usually demands immobilization with wires and screws. The unstable fractures usually require internal fixation.

In any closed technique an immediate x-ray should be obtained to assure satisfactory position of fragments. If position is not satisfactory or if an error has been made with the use of Kirschner wires, this can be corrected immediately with open reduction.

Fractures of the metacarpals and phalanges heal at variable rates depending upon location. Those at the base heal most rapidly with clinical union being sufficient to allow active motion in 2-3 weeks, fractures of the shaft requiring 3-5 weeks. Due to a circulatory factor, fractures of the neck require longer periods of immobilization, Kirschner wires usually being left in place for 5-6 weeks.

Dr. John A. Boswick: This extremely well organized and lucid description of fractures of the hand leaves very little unanswered. It is obvious that Dr. Kilbourne is from the school that believes anatomical reduction of these fractures leads to better restoration of function.

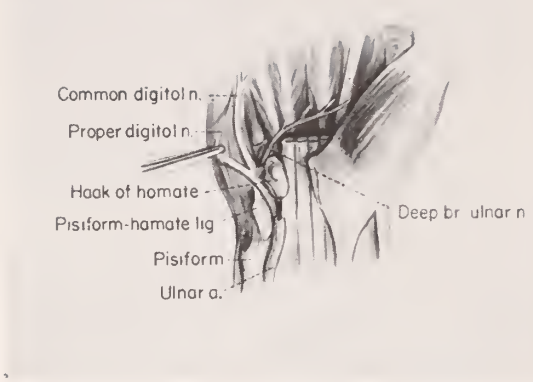


FIGURE 1. Anatomy of ulnar nerve motor branch.

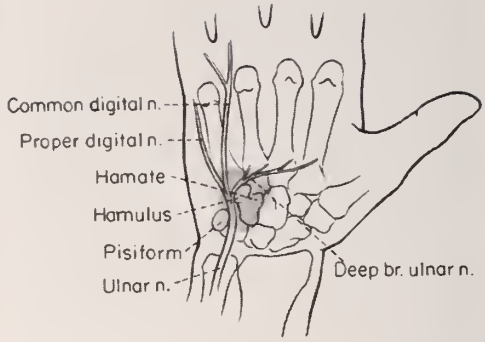


FIGURE 2. Ulnar nerve in relation to carpals and metacarpals. Shaded area shows region of ulnar nerve susceptibility.

Our next discussant is Dr. Francis Howard, from the Department of Orthopedic Surgery of the University of Illinois College of Medicine. He has been asked to discuss a very important segment of carpal fractures. His interest in this problem was sparked while working with Dr. Eric Moberg, at the Center for Hand Injuries in Sweden.

Dr. Francis Howard: Carpal injuries, excluding the scaphoid and hamate, are generally avulsion or fragment injuries and frequently are not considered significant. However, there are a number of fractures in the pathway of the motor branch of the ulnar nerve at the wrist which can result in ulnar paresis (Figures 1 and 2). Many times the neurological deficit is not observed because examination was inadequate due to swelling of the hand, pain, and instability of the fracture site. One should examine the deep ulnar nerve by *several tests* because more information can be gained than by a single test. We employ:

1. *Froment Paper Test* — Placing a paper between the extended digits and attempting to pull the paper away against the fingers in adduction.
2. *Comparison of Digital Span* — Digital span is a test of function of the dorsal (first) interosseus muscle and abductor digiti quinti. The measured span is the distance between the tips of the index and little fingers when the fingers are spread actively to the maximum. The strength of the span is tested by forcibly adducting the index and little fingers while the patient attempts to maintain them spread apart.
3. *Abduction-Adduction of the middle finger* with the palm held down on a flat surface.
4. *First Dorsal Interosseus Contraction*

Damage to the ulnar nerve associated with fractures in this area arise from several causes:

a) Direct contusion of the nerve (axonotmesis).
b) Pressure on the nerve caused by hemorrhage and edema related to the fracture.
c) Intraneural fibrosis in delayed or progressive paralysis.

Treatment

Assess the function of the ulnar nerve at the onset and then follow the progress of recovery.

1. *Closed reduction and immobilization* in plaster where necessary either for pain or instability of the fracture.
2. Evacuation of any large hematoma along the pathway of the nerve.
3. Open reduction of the fracture if instability persists.
4. If prompt recovery of nerve function does not occur after reduction and immobilization of the fracture, the nerve should be explored at six to eight weeks. At this procedure any tight ligaments, aneuroses, and tendon expansions in the region of the nerve should be incised. If intraneural fibrosis exists, neurolysis should also be performed. When repair of the nerve or excision of a neuroma is indicated, the



FIGURE 3. Non-displaced fracture of hamate.



FIGURE 4. Fracture of base of 4th and 5th metacarpals.

motor branch may be immobilized proximally and distally and transplanted laterally into the carpal tunnel to gain additional length, as suggested by Boyes.

Case 1

This is a 40-year-old mechanic who fell on left palm (dominant hand) incurring a fracture of the body of the hamate. The first dorsal interosseus muscle was atrophied; the spread of digits was decreased 1.5 cms., but power was normal; adductor pollicis muscle was 25% of normal; negative Tinel sign; sensation was intact.

Figure 3 shows a non-displaced fracture of the hamate.

Treatment consisted of immobilization in cast for three weeks; then active exercise. After six-month follow-up, the gripping power returned slowly; about 75% of normal strength returned.

Case 2

This is a 58-year-old dentist whose left hand (non-dominant) was crushed in a train door incurring a displaced fracture at the bases of the fourth and fifth metacarpals. Contraction of the first dorsal interosseus muscle was palpable, but considerably weaker than on the right; the digital was span 1 cm.

Figure 4 shows a fracture of the base of the 4th and 5th metacarpals.

Treatment consisted of immobilization in cast for one month. Six month follow-up showed weakness and atrophy of adductor pollicis, first dorsal interosseus muscle was normal; grip was essentially normal.

Carpal Fractures

DR. BOSWICK: Are there any sensory losses with the lesion?

DR. HOWARD: That depends at the level of involvement. Generally, the sensory branch of the ulnar nerve branches away from the motor at the pisiform. Therefore, an injury in the area of the hamate usually is motor in character, while proximal to the pisiform it frequently is motor and sensory.

DR. BOSWICK: Do you favor the approach of Henry to the deep ulnar nerve?

DR. HOWARD: Henry's approach was chiefly designed in the era when drainage of the hand infection was frequently necessary. The approach advocated by Boyes is far superior and gives much greater exposure.

DR. BOSWICK: Would you favor excision of the hook of the hamate to give greater mobility to the ulnar nerve when it is under tension?

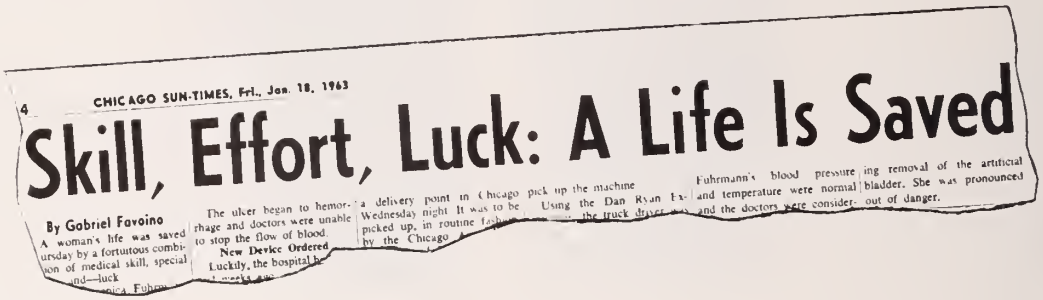
DR. HOWARD: I do not think this procedure gives great enough slack to the injured nerve. It is better to "short circuit" the nerve and transplant from its ulnar aspect into the middle of the hand in the carpal tunnel.

DR. BOSWICK: I would like to thank Drs. Kilbourne and Howard for this extremely interesting and well organized discussion.

Carcinoma Cells in CS Fluid

A case of carcinomatosis of the meninges is reported. Malignant cells were found in the cerebrospinal fluid in vivo, and this was associated with an extremely low glucose level in the fluid. Histological evidence of diffuse carcinomatous involvement of the leptomeninges was found at necropsy, though there was no naked-eye evidence of tumor. *J. A. McMillan, M.B. Meningitis due to Carcinomatosis. Brit. Med. J. May 26, 1962.*

Dramatic hypothermia application makes headlines in January . . .



4 CHICAGO SUN-TIMES, Fri., Jan. 18, 1963

Skill, Effort, Luck: A Life Is Saved

By Gabriel Favoino

A woman's life was saved ursday by a fortuitous combi- ion of medical skill, special and—luck ...ica. Fuhrm...

The ulcer began to hemor- rhage and doctors were unable to stop the flow of blood.

New Device Ordered

Luckily, the hospital h... ...weeks ago ...

...a delivery point in Chicago pick up the machine Wednesday night. It was to be picked up, in routine fash... by the Chicago A...

Using the Dan Ryan Ex... ...the truck driver was...

Fuhrmann's blood pressure ing removal of the artificial and temperature were normal bladder. She was pronounced and the doctors were consider- out of danger.

. . . IMJ Case Report this month

Control of Massive Gastric Hemorrhage with Gastric Hypothermia

GEORGE S. SCHWERIN, M.D., *Chicago Heights*

On January 17, 1963, about 9 a.m. a 63 year old, white, single, female, regularly employed as a telephone operator and who had been treated 18 months previously for hemorrhage of a gastric ulcer on the lesser curvature, was admitted per ambulance to St. James Hospital in a state of shock from recurrent gastric hemorrhage first noted by the patient through hematemisis about 4:30 a.m. Her physician administered I.V. fluids, whole blood, and Levophed with the usual countermeasures for hemorrhagic shock, and concluded by 10:15 a.m. that the treatment was not effectively reversing the shock state and that gastric hemorrhage was continuing. Admitting Hb 8 gms. and Hmct. 23%.

The attending physician requested consultation in regards to the use of Dr. O. H. Wangensteen's technique of gastric cooling for massive gastric hemorrhage employing the hypothermia machine* (the hospital's medical staff had recommended procurement of the hypothermia machine about 2 months previously and delivery had been expected for 2-3 weeks) and was informed that the machine had not arrived. The hospital's purchasing department, by phone, traced the machine to a trucking terminal in Chicago and arranged for immediate delivery by special truck. The hospital's maintenance men were alerted and stood by with tools ready for uncrating. The pharmacy prepared coolant and drugs, the administrator readied a private room and managed transfer of the patient. The superintendent of nurses and the floor nursing supervisor took over as special nurses procuring all the necessary added equipment for gastric lavage, naso-gastric suction and thermal control, while complying with orders for continued patient care.

The delivery truck arrived about 12:30 p.m. and the uncrated hypothermia machine was in the patient's room in 15 minutes, and in the meantime the patient's stomach had been washed clear of many clots with iced water and a naso-gastric tube inserted and under suction. The machine was charged with coolant, a gastric balloon fixed to the coaxial tubing, an electrical outlet changed to fit grounded plug, and the machine started and quick tested. Frank blood was aspirated from the stomach along with "coffee grounds" just before the gastric balloon was passed into the patient's stomach, inflated, and the coolant circulated at a temperature of 0 to 5 degrees C. The time was 1:45 p.m. and the patient's condition had not improved. By 2:30 p.m. the washings from the naso-gastric tube were returned clear except for an occasional small mucous plug, and the patient, who had passively cooperated to the best of her ability through the gastric washings, the placement of the naso-gastric tube and the gastric balloon, responded with a weak smile, a "V" sign with her fingers and a facetious remark about the "big" tube in her mouth. Blood pressure and pulse were restoring to normal levels. The patient had received 1500 cc saline solution and 1000 cc whole blood to hold the blood picture at Hb 6.5 gms. and Hmct. 20%.

Department of Surgery, St. James Hospital, Chicago Heights, Illinois.

*Swenko Gastric Hypothermia Machine, Swenko Research and Development, Inc., 2709 N. Washington Avenue N., Minneapolis, Minn.

The gastric cooling was continued and the body temperature was maintained between 99.8 and 99.6 degrees F. rectally for the next 8 hours with repeated changes of HWB's. During this period the patient "shivered" for one to two minutes every ten to fifteen minutes, though she was relaxed and appeared to be dozing much of this time. She denied any feeling of cold or discomfort but was aware that her legs and body would "shake" without her control. All the vital signs had returned to, and remained within, normal limits by 10.30 p.m. so the gastric balloon was deflated and removed from the stomach, and a Murphy drip of ice cold skim milk was started through the naso-gastric tube that remained in place. For the next ten days the patient was further treated with whole blood, anticholangerics, antacids, diet, hemopoeitics, and then discharged to home care with her blood reading restored to Hb 10.7 and Hmet 32%. Gastric cooling was the prime factor in controlling a very serious case of massive gastric hemorrhage, a clinical entity that carries a very high mortality rate.

The true "Ben Casey" drama related to gastric cooling as reported above was given wide newspaper coverage in Cook County at the same time that Reader's Digest was nationally publicizing the success of gastric freezing as a form of therapy for duodenal ulcer. Both techniques were developed by Dr. O. H. Wangensteen et al., at the University of Minnesota and are equally important contributions to medicine in the two areas of their application. However, in the current discussions on gastric hypothermia in lay and professional circles, there is a tendency to confuse the separate techniques and the clinical entities in which they are applied. In gastric cooling and in gastric freezing the same hypothermia machine with its coaxial tube is used to control volume and temperature of the gastric balloon, and an ancillary thermal machine with its mattress may be used to control the patient's temperature; however, the clinical conditions in which gastric hypothermia is indicated govern the difference in type of balloon used, the level and duration of balloon temperature applied, the preparation of the patient, and the reapplication of treatment if needed.

Gastric Cooling

Gastric cooling is an emergency treatment for massive gastric hemorrhage, a clinical syndrome that may originate from many causes and is accompanied with a very high mortality rate. The objective is controlling of hemorrhage and shock in preparation for surgery or intensive medical management, depending on the etiology of the hemorrhage and the amount of control attained. All the established supportive measures for this type of hemorrhage may be used in conjunction with the cooling technique and the inflow temperature of the gastric balloon may be continued at 0 to 5 degrees C. for up to 72 hrs. Should massive hemorrhage recur within hours or days following removal of the balloon from the stomach it may be reintroduced and gastric cooling repeated. Gastric cooling is a 77% effective aid in the overall management of massive gastric hemorrhage arising from duodenal ulcer, gastric ulcer, "steroid" ulcer, esophageal ulcer and varices, erosive gastritis, gastric Ca, and postoperative bleeding.

Gastric Freezing

Gastric freezing is an elective therapeutic procedure for selected duodenal ulcer patients in which the gastric balloon inflow temperature is maintained at −20 to −17 degrees C. for one hour. Refreeze, for those few patient's indicating such need, may not take place for three months following the preceeding freeze, and any clinical or x-ray evidence of pyloric obstruction is contra-indication for freeze or refreeze. The conditions responding to gastric freezing are: intractable duodenal ulcer with or without previous hemorrhage or perforation, marginal ulcer, esophagitis, esophageal ulcer, and gastric ulcer (healed and proved benign) as prophylaxis for recurrence. Melena, in varying degree and treated conservatively, may occur in a small percentage of cases. Symptomatic relief is attained in about 85% of the duodenal ulcer patients and x-rays reveal healing of duodenal ulcer craters in 2-6 weeks. It is 87% to 100% effective in controlling symptoms of marginal ulcer, benign gastric ulcer and stenosing esophagitis.

Only the gross differences of the two techniques, gastric cooling and gastric freezing, have been mentioned. However there are many more points of observation, control and application of the techniques that help to provide beneficial results for the patient in need of gastric hypothermia. Every hospital medical staff should have at least one of its members

undertake a two week training period in gastric hypothermia under Dr. Wangensteen and his associates at the University of Minnesota laboratory and hospital, with the final objective of installing a gastric hypothermia unit in its own hospital.

Summary

A case of massive gastric hemorrhage controlled with gastric hypothermia is presented along with an abbreviated outline differentiating between gastric cooling and gastric freezing.

The author wishes to express his gratitude to Dr. Wangensteen for his generous grant of the use of his service and facilities to learn the techniques of gastric hypothermia, and much gratefulness to Drs. Bernstein, McFee, Goodale, Allcock, Sosin, and Madsen, whose wise counsel have contributed so much to the successful application of gastric cooling in the above related case of massive gastric hemorrhage.

REFERENCES

1. O. H. Wangensteen, et al.: Studies of local gastric cooling as related to peptic ulcer. Ann. Surg., 1959, 150:346.
2. O. H. Wangensteen, et al.: Local Gastric Hypothermia in the Management of Massive Gastric Hemorrhage. Surgery, Gyne. & Obstet. Apr. 1962, Vol. 114.
3. Henry Swan, M.D.: Clinical Applications of Hypothermia. Annual Clinical Conf., Chgo. Med. Soc. 28 Feb. 62. CMS Bul. Vol. 65, No. 6, 22 Sept. 62.
4. O. H. Wangensteen, et al.: Achieving "Physiological Gastrectomy" by Gastric Freezing. JAMA Vol. 180, No. 6, 12 May 62.
5. O. H. Wangensteen, et al.: Technique of Gastric Freezing in Treatment of Duodenal Ulcer. JAMA Vol. 181, No. 9, 1 Sept. 62.
6. O. H. Wangensteen, et al.: Results of Gastric Freezing for Peptic Ulcer. Univ. of Minn. Medical Bulletin Vol. XXXIV, No. 3, Nov. 1962.
7. C. A. Berry, et al.: Peptic Ulcer in Aircrew — A Follow-up Study. Aerospace Medicine, Jan. 1963, 67-69.
8. J. C. Handelsman: Statistical Evaluation of the Results of Surgical Treatment for Duodenal Ulcer. Surgery, Feb. 1963, Vol. 53, No. 2.

Mount Sinai Hospital Also Employs Hypothermia Unit

Free from pain for the first time in nearly 20 years, the patient shown in the photo sits down to a luncheon he can really enjoy, after undergoing gastric freeze treatment for a peptic ulcer at Mount Sinai Hospital in Chicago.

A resident of Forest Park, Illinois, the patient read of the new treatment several months ago, and wrote to the University of Minnesota physician who had developed it. He was referred to Mount Sinai Hospital where he was admitted January 6, underwent gastric freezing January 7 and was released January 8.

Under light sedation, the patient, an Oak Park taxi driver, was provided with a nasogastric tube which collected secretions throughout the night. Next morning these were analyzed for their quantity of hydrochloric acid. Wrapped in a warming blanket, the patient's throat was sprayed with a local anesthetic and he was given a folded rubber balloon to swallow. Attached to the balloon was a rubber hose with an inner tube that led to a freezing apparatus at the patient's bedside. Alcohol, chilled to 1.4°F., was pumped through the inner tube into the balloon, causing it to unfold inside the stomach. Seconds later the tube was coated



with frost and within five minutes the patient's stomach was frozen solid.

With the patient experiencing no discomfort, the alcohol was circulated through the balloon for one hour. For another 15 minutes the balloon was allowed to defrost, drained of alcohol and removed.

Physicians at the hospital said the patient could resume a normal diet immediately.

To date, more than 250 ulcer patients in the United States have undergone hypothermic treatment.

Case Report

Subglottic Hemangioma

A Cause of Upper Respiratory Obstruction in the Infant

Irwin D. Horwitz, M.D., Benjamin Emanuel, M.D., Allen D. Lieberman, M.D., and Julius Aronow, M.D., *Chicago.*

Hemangiomas of the Larynx in the infant are rare, only 20 cases having been reported in the pediatric literature.[1] It is suspected, however, that due to the difficult diagnosis, subglottic hemangioma in infants is probably more common than the number of reported cases would indicate. This lesion, though rare, should be considered in all infants who develop unexplained dyspnea and stridor. When not diagnosed clinically, the infant invariably dies of asphyxia. We hope, in adding one more case to the literature, to make the clinician more aware of this lesion which can be treated successfully when suspected or diagnosed in time.

Case Report

A six-week old white female was admitted to the Mount Sinai Hospital of Chicago with a seven-day history of progressive dyspnea, nonproductive cough and nasal discharge. There was no history of fever or cyanosis. She was treated with a broad-spectrum antibiotic but did not improve.

The infant was the product of a normal pregnancy and uneventful, spontaneous delivery, weighing 7 pounds 7½ ounces at birth. Physical examination revealed a well-developed, well-nourished, afebrile infant with moderate inspiratory stridor and cyanotic lips. The respiratory excursions were irregular with infrasternal and intercostal retractions. The respiratory rate was 36 per minute and pulse rate 120 per minute. Bronchovesicular breath sounds were heard bilaterally with a few scattered subcrepitant rales in the right base. The remainder of the examination was negative, and no cutaneous hemangiomas were noted.

When no clinical improvement was obtained after one week of treatment with oxygen, humidity, and tetracycline, the infant was laryngoscoped. The vocal cords were of good color with normal motility. No obstruction or exudate was noted, but the arytenoids were slightly edematous. The initial therapy was continued until the sixteenth day when the antibiotic was changed to chloramphenicol, and 12.5 mg. of cortisone was added daily. Chest x-rays and films of the esophagus revealed no evidence of abnormalities. Because of the persistence of stridor and cyanosis, a tracheotomy was performed resulting in improvement of respirations and in decreased cyanosis. An x-ray taken after the tracheotomy revealed some left supraclavicular and mediastinal emphysema. Decannulation was attempted but resulted in repeated episodes of labored breathing and cyanosis. The patient was discharged after two and a half months of hospitalization with the tracheotomy tube in place.

About a month later the infant was re-admitted for removal of the tracheotomy tube. She had done very well, remaining free of respiratory distress and cyano-



FIGURE 1. Hemangioma at necroscopy.

From the departments of otolaryngology and pediatrics, the Chicago Medical School and Mount Sinai Hospital, Chicago.

sis, had gained weight, and had been quite active at home. On examination she was a healthy infant with no evidence of respiratory distress. The lungs were clear to auscultation. Laryngoscopy was performed on the fourth hospital day with only slight edema observed. The tracheotomy tube was removed but resulted in almost immediate cyanosis. The tube was re-inserted, and the distress was rapidly relieved.

On the seventh hospital day, the infant was bronchoscoped. The vocal cords were edematous and subglottically a smooth rounded swelling with normal mucosa was noted. The trachea below this was normal. She left the operating room in good condition, but upon reaching the ward became extremely restless and pale. The infant suddenly became cyanotic and died.

Autopsy Report

At necropsy the epiglottis was normal. The vocal cords were intact and not swollen. There was a soft nodule below the glottis on the right side that partially obstructed the lumen. Microscopically, it was composed of aggregations of thin-walled vascular channels separated by scant connective tissue. The lesion was diagnosed as a subglottic hemangioma, and asphyxia as the immediate cause of death. Of interest was the incidental finding of pinhead to pinpoint hemangiomata on the free edge of the mitral and tricuspid valves.

Discussion

Hemangiomas in infants are of congenital origin. They occur, as a general rule, below the level of the vocal cords in contrast to those of adults which are commonly on or above the vocal cords.[2,3,5,7] The lesion is often associated with cutaneous hemangiomas especially about the face and neck.[1] One-third of the previously reported cases had associated cutaneous hemangiomas, although absent in our case. There seems to be a predilection of subglottic hemangioma for females, 14 of 21 cases, including our own, were females.[1]

Diagnosing a subglottic hemangioma is difficult. Direct laryngoscopy and bronchoscopy reveal in one-half of the cases an obstructing subglottic lesion, but only in a small percentage of the cases can it be diagnosed as hemangioma.[1] The diagnosis may have to be made by exclusion and must, therefore, be included in the differential diagnosis of dyspnea, stridor, and cyanosis in the infant. Additional signs or symptoms, such as noctural exacerbation of respiratory distress or sudden onset of stridor or dyspnea with crying, may be helpful.

Roentgenologic investigation in infancy and early childhood for diagnosis of respiratory tract obstruction may be very helpful. It should include a collective study of the nasopharynx, oropharynx, the neck, and the chest. A technique for wide inclusion applicable to all is available and described by Pancoast.[6] With these views a discrete tumor in the subglottic region may be detected.

The cardinal signs and symptoms of obstructive laryngeal dyspnea are notably inspiratory retractions of the suprasternal, intercostal, and epigastric spaces associated with stridor, restlessness, and cyanosis. These must not be overlooked or confused, since establishment of an adequate airway is of paramount importance in respiratory obstruction. A tracheotomy should be performed, preferably before laryngoscopy or bronchoscopy is undertaken, in upper respiratory obstruction in the infant. There is no contraindication to tracheotomy.[4] The mortality of operation is attributable to its unnecessary delay, faulty technique, or inefficient after-care. In none of the 21 cases was there accidental incision into the hemangioma during the tracheotomy procedure.

Tracheotomy by itself is inadequate and must be followed by either surgical excision of the lesion or its destruction through roentgen ray or radium therapy. Where employed, radiation therapy gave excellent results, and follow-up after about one year revealed no evidence of injury to the thyroid, parathyroids or thymus.[1]

Summary

A case of a subglottic hemangioma is reported as a cause of dyspnea, stridor, and cyanosis in an infant. The inclusion of a hemangioma in the differential diagnosis of upper respiratory obstruction is stressed because of the almost invariable fatal outcome when not diagnosed. Tracheotomy and later ablation by surgery or radiation therapy is recommended for its successful treatment.

REFERENCES

1. Campbell, J. S., et al.: Pediat. 22:727, 1958.
2. Ferguson, G. B.: Arch. Otolaryng. 40:189, 1944.
3. Lederer, F. L.: Disease of Ear, Nose and Throat. Philadelphia, F. A. Davis Co. 1953.
4. Lederer, F. L. and Hallander, A. R.: Basic Otolaryngology, Philadelphia, F. A. Davis Co., p. 279, 1956.
5. Moore, L.: J. Laryng. & Otol. 38:57, 1923.
6. Pancoast, H. K.: Am. J. M. Sc. 180:745, 1930.
7. Sweetser, T. H.: Laryngoscope 31:797, 1921.

TIMELY TREATMENT TIP

March Winds: Conveyor of Corneal F. B.

Jack P. Cowen, M.D., F.A.C.S., *Chicago*

The Blustering Winds of March Doth Blow — frequently a foreign particle onto the eye. The acute pain, then irritation, persistent awareness and wetness of the eye continues to annoy till late that night when the evening quiet with the fading of external daytime diversions focuses the patient's attention on the point of pain. Now comes the late phone call after a doctor's long hard day; the physician has to tell long distance whether the irritation is a foreign body on the cornea or on the upper tarsal conjunctiva. A corneal foreign body has to be studied and treated at once; a conjunctival one can be worked at further by the patient with lid-pulling and simple home maneuvers. There is a good middle-of-the-night over-the-phone differential test for foreign body localizations. The test: the patient rolls his eyes upward with the lids closed; both a tarsal conjunctival and a corneal foreign body will produce pain. The patient is then directed to roll his eyes back and forth while looking down. The cornea is not in contact with the lids now; there will be a cessation of acute pain from a corneal foreign body; however, one under the upper lid will still be irrtating — not quite as much since it will be riding on bulbar conjunctiva instead of raw sensitive cornea. So, if the foreign object is not corneal, another attempt to pull the upper lid over the lower may dislodge the lid foreign body. Failing this, a drop of mineral oil or castor oil in the eye may give the conjunctival foreign body a chance to work out or at least give the patient comfort during the night until the early morning visit to the physician for definitive care.

Now the search for the foreign body, with a strong lens. (I always carry a +12 Diopter and a +20 Diopter folding lens in my pocket as a talisman against chance foreign bodies or ocular injury, a happenstance during my daily activity; as additional insurance I always carry a pocket flashlight to hex away accidents at meetings, dinners, and parties, particularly in the absence of spot illumination.) Often, simple corneal search can be achieved by observing the corneal continuity of a foreign body site. A drop of 1% aqueous Fluorescein or 2% aqueous Mercurochrome solution, applied to the lower conjunctival cul-de-sac on a disposable toothpick tip, will stain the foreign body defect brightly, especially when illuminated by a flashlight or by light focused with a hand-held condensing lens of a +10 to +20 Diopters.

As a preliminary to manipulations or surgical procedures about the eyes, the precaution of determination of uncorrected and pinhole distance visual acuity, and of ophthalmoscopic retinal fundus study in each eye, is wise since it may guard against possible malpractice suit even in an honest patient who may attribute any subsequent ocular abnormal findings not manifest or evident to the patient before the traumatic or surgical incident. A preliminary convenient set-up of proper working equipment is a saver of time and efforts; it fore-arms against awkward reaching across an uncomfortable patient with a lid usually already inverted. Adequate magnification is imperative to assess precisely the depth of the foreign body and the possibility of mistaking an underlying iris nevus or pigmentation for the foreign body. Continued unsuccessful swipes at a deeply embedded foreign body in an anesthetized cornea may result in a severely traumatized and painful eye. This requires sharper dissection, best under slit-lamp magnification, and should probably be left to an ophthalmologist.

After clean removal of the foreign-body, an antibiotic or antiseptic ointment is advised, patch being optional, usually preferable. The use of a cycloplegic is the exception rather than the rule, since the eye will probably be healed before the dazzling and blurring effect of the mydriasis has disappeared; the remote danger of precipitating a glaucoma is also prevented. Appointment for subsequent visit to ascertain healing is advisable.

Attending Physician, Michael Reese Hospital and Mandel Clinics; Consultant in Ophthalmology, U.S. Naval Hospital, Great Lakes, Illinois.

Cryptococcosis: on the Rise

Arthur Jacobson, M.D., *Oak Park*

Systemic mycoses have shown an enormous increase in the last few decades. Today we know of fifty species of fungi capable of infecting man, about a dozen of them fatally.

Cryptococcic meningitis, long considered a rare and fatal disease, is among those systemic mycoses being reported with increasing frequency. A recent news release of the Public Health Service reports that the fungus causing histoplasmosis and usually growing only in the soil of rural areas has been detected in two parks located in our national capital. San Diego County recently has reported 24 cases of coccidioidomycosis caused by topsoil transplants.

The following is a report of two fatal cases of cryptococcic meningitis that occurred in two neighboring Chicago suburbs within five months:

Case Reports

Case 1. A 59-year-old white male patient suddenly became sick at home with fever, headache, nausea and vomiting. He went into a semi-coma and was immediately admitted to Oak Park Hospital.

According to his family he had had a slight fever for several days and had been extremely tired recently. Temp. on admission 101°F., b.p. normal. There was a paresis of the right eye movement laterally up and downward when following finger direction. There was also a ptosis of the right eyelid. Unsustained clonus of both lower extremities was found. Babinski was positive on the right side, where the deep reflexes were decreased, whereas the reflexes on the left leg were hyperactive. Spinal tap revealed normal pressure and the spinal fluid was clear. Microscopic examination of spinal fluid sediment revealed large numbers of yeast like forms of *Cryptococcus neoformans* or *Torula histolytica*.

Diagnosis: central nervous system granuloma located at the cerebellar pontine angle caused by cryptococcus. Specific treatment with Amphotericin B or Fungizone was started immediately.

This treatment was outlined with special emphasis on the toxic side effects of this drug. It was started with 25 mg. in 1000 cc. of 5% glucose in water and slowly and gradually increased to 100 mg. per day. Patient had severe reactions from the drug and his NPN went up to 55mg%. The drug was withdrawn for a short period and reinstituted in smaller dosage. Patient showed a remarkable improvement and was able to get up; he was alert and responsive, and the prognosis appeared less discouraging. It was apparent that Amphotericin had reduced considerably the number of the fungus, but it had also lowered the body resistance. In the third week of his hospitalization the temperature went suddenly up to 105°, patient sunk into a deep coma, developed convulsions of the Jacksonian type and died on the 21st hospital day. A blood culture taken at the start of the last fever attack revealed the presence of alpha hemolytic streptococcus. There were no cryptococci found in the blood. The sudden appearance of alpha hemolytic streptococci in blood shortly before the death of the patient can only be explained by comparison with another well known fact in modern medicine: the same process that allows the growth of fungi after the use of powerful antibiotics has in reversal given rise to the development of hemolytic streptococci in a weakened organism, where they have been inactive before the cryptococcus took over.

Autopsy revealed right intracerebellar abscess due to cryptococcus with extension into the subdural space, resulting in extensive right hemicranial subdural abscess.

Case 2. A 52-year-old white male cab driver was admitted to the Oak Park Hospital with symptoms of sinus infection, meningism, severe headaches and vomiting. A spinal puncture done on admission revealed increased pressure, was of yellow color, and contained more than 100 cells. Spinal fluid culture showed the presence of typical cryptococci. Treatment with 25 mg. Amphotericin B was started immediately. When increased to 50 mg. patient experienced severe reaction; NPN went up from 33mg.% to 65mg.%. Within 10 days condition improved markedly; patient was afebrile, vomiting and rigidity of the neck subsided. On the 14th day of hospital stay treatment with Amphotericin was resumed; it was followed by a mild reaction. On the next day he sunk suddenly into a deep coma, had convulsions in both legs, developed an acute respiratory arrest and died. No autopsy performed.

Etiology and Incidence

In common with other systemic mycoses, cryptococcosis exists in large percentages so mild as to promise complete recovery because of natural or acquired immunologic resistance factors. However, the severe forms can endanger life. Such severe forms appear mostly in

persons who possess some fundamental defects in their immunologic defense mechanism. Such deficiencies are related to concomitant debilitating diseases, as leukemia, Hodgkin's disease, sarcoidosis, diabetes, tuberculosis; they emerge also during treatment with steroids, antibacterial antibiotics and nitrogen mustard.

Until recently cryptococcosis was usually only recognized when it involved the CNS, although it was thought probable that it always resulted from dissemination of a primary pulmonary form.

Distribution of cryptococcosis is worldwide. In the USA most cases occur in the East and the Southern Zone extending from Florida to California. Adults from 40 to 60 are most frequently affected, and males twice as often as females.

Diagnosis

The causative fungus has now been demonstrated as *Cryptococcus neoformans* or *Torula histolytica*. It has been found in soil contaminated with pigeon excrement so consistently that it seems likely that large numbers of persons must be exposed through the inhalation of dust containing the infectant. Diagnosis is established by finding the budding, yeastlike cryptococcus surrounded by a gelatinous capsule in sputum, spinal fluid, pus or other exudates. The capsule center is easily demonstrated by adding a drop of India ink to the sediment from centrifuged material. Cultures require 10 to 20 days.

Symptoms and Signs

There are four clinical types of cryptococcosis:

1. *CNS cryptococcosis* — the most frequent variety. It begins as a chronic, gradually progressive meningitis, frontal headaches, dizziness, vertigo, stiffness and pain in the back, depression, disorientation, apathy, irritability and delirium. Nystagmus develops, and amblyopia, strabismus, diplopia, ptosis, ataxia or hemiplegia may occur. Retinitis and papilledema are frequent. Stiff neck, Kernig and Babinski are present. There is evidence of acute infection. Spinal fluid pressure is increased; cell count's usually 200 or 300 cells, chiefly monocytes.

The patient loses weight and strength, gradually sinks into a coma and dies of respiratory failure.

2. *Pulmonary cryptococcosis* — is subacute with low grade fever and mild cough. Pulmonary infection usually spreads to a generalized type, ultimately involving the CNS. Frequently a mild respiratory cryptococcosis precedes the menenigitic form by weeks or months.

3. *Cutaneous cryptococcosis* — characterized by acneform pustules or ulcers. Skin lesions are not common, but occur in 5 to 10 per cent of cases. They should never be treated by local means alone, as they almost certainly indicate disseminated disease, and meningitis is too likely to be expected shortly afterward.

4. *Subcutaneous cryptococcosis* — Nodules or abscesses with invasion of liver, spleen and joints.

Prognosis and Therapy

The prognosis is poor in all forms and practically hopeless in cerebral and meningeal cases. The CNS is particularly vulnerable because it furnishes a well suited medium for the particular nutritional desires of the fungus. With a few possible exeptions it is doubtful if any person ever became entirely cured of CNS cryptococcosis before the advent of Amphotericin B (Fungizone®). This drug has an outstanding value and has almost entirely eliminated other competitive drugs in spite of considerable difficulties caused by its toxicity.

Amphotericin B is an antifungal antibiotic, probably a conjugated heptane produced by a strain of streptomyces nodosus, originally found in 1955 in a soil specimen from Venezuela. Reasonable levels of Amphotericin B can be maintained in serum for more than 24 hours only by I.V. administration. It is undesirable but not impractically toxic. It can cause fever, chills, nausea, vomiting, headache, malaise and elevation of the blood nitrogen and creatinin at times with urinary casts, blood and albumin. It is not fungicidal, but it is fungistatic. It can reduce the number or prevent the propagation of the fungus to a point where the mechanism of immunologic resistance is potent enough to take over and to complete the job.

Need for Skin Test

Thus far there has not been developed a reliable complement fixation test, and there is no skin test to indicate resistance ability, as we have in blastomycosis, histoplasmosis and in coccidioidomycosis.

There has recently been published a method for demonstrating antibodies. This method is based on the indirect fluorescent staining technique, and preliminary data reveal that the test may be highly specific for the disease.

The fact that two cases have been found in a relatively short period in two neighboring suburbs makes the disease a menace to health of man. It would be ideal if we would meet this challenge by sanitizing infected soil. This is impossible; therefore the only means of coping with this dreadful disease is to find a suitable skin test that would enable an early diagnosis and an intensive treatment before spread of the fungus has made our efforts hopeless.

REFERENCES

1. Wilson, J. W.: Arch. of Internal Med. 108: 292, 1961.
2. Vogel, R.A., et al.: J.A.M.A. 178: 921 (Dec. 2), 1961.

Venom Vaccines

Pure venom can be obtained from bees, wasps, and hornets by electrical stimulation. The insect is anesthetized with carbon dioxide and placed in a half cylinder of fine brass mesh and bound into place with a ribbon of aluminum foil. The insect is given a brief high voltage shock as it begins to revive. The venom is collected in an empty well, dried, and stored at 32°F. It remains active for a month.

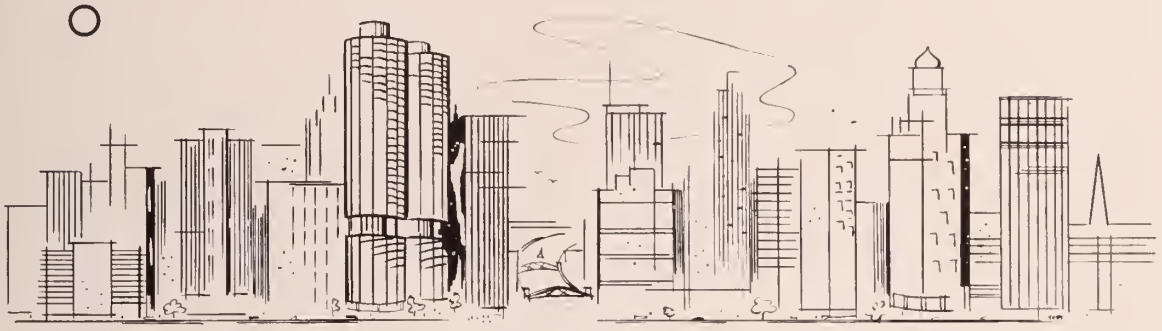
According to an article in Science,[1] "two or three insects can be milked each minute with no apparent effect on the insect except pronounced hunger and thirst." This inexpensive apparatus may effect the lives of many persons who are sensitive to the sting of bees, wasps, and hornets. More and more reports on severe allergic reactions to insect sting are appearing in the medical literature. This means an increase demand for desensitizing vaccines which is perhaps the best approach to the problem.

Insect repellents are of little value against bees, wasps, and hornets. They sting as a defensive act, especially when disturbed or frightened. The allergic individual should avoid areas where these insects are likely to be. In addition they should carry a kit containing a tweezer to remove the bee sting; an isuprel tablet to dissolve in the mouth; an epinephrine inhaler; a tourniquet to apply on the arm or leg above the sting; and an antiseptic towellette to cleanse the area.

REFERENCE

1. O'Connor, Rod, Rosenbrook, Wm., Jr. and Erickson, Robert: Hymenoptera: Pure Venom From Bees, Wasps, and Hornets. Science 139:420 (Feb. 1), 1963.

SEE CHICAGO | during your convention stay



Chicago at Convention time can be made more enjoyable with a planned itinerary. The list below can help you to determine a full leisure-time schedule for the entire family. Additional tour information may be obtained at the ISMS Registration Desk in the Sherman House during Convention Week, May 12-16.

BUSINESS AND INDUSTRIAL TOURS IN AND AROUND CHICAGO

General

Abbott Laboratories, 14th Street and Sheridan Rd., North Chicago, Illinois. Escorted tours of the research, development, and manufacture of pharmaceuticals for professional guests and their families. Phone: Professional Guest Service, 338-1600, Ext. 737.

Chicago Post Office, 433 W. Van Buren St. Largest postal operation under one roof. Tours from 8:30 a.m.-9:00 p.m. Mon.-Fri. Call WAbash 2-9200, between 8:40 a.m. and 5 p.m. *For the Entire Family.*

Marshall Field & Co., State & Washington Streets. Tours for groups of 5 to 20, Mon.-Fri. Advance reservation required. STate 1-1000. *For Mom.*

House of Vision, 135 N. Wabash Ave. See eyeglasses made, lenses ground, etc. Tours 10 a.m.-12 noon and 2-4 p.m., Mon.-Fri., by appointment. Phone 346-0755. *For the Entire Family.*

Inland Steel Co., Indiana Harbor Works, East Chicago, Ind. Mon.-Fri. at 9:30 a.m. Approximately 2½ hours. Phone ESsex 5-6200, Ext. 2032.

Sears, Roebuck & Co., 925 S. Homan Ave. Tours on Tues., Wed., Thurs. and Fri. start at 9:45 a.m. and 1:45 p.m. Phone 264-3773.

Underwriter's Laboratories, Inc., 207 E. Ohio St. Tours on Mon.-Fri. for groups of 15 to 40 at 9:30 p.m. and 2 p.m. One week's advance notice required. Length of tour, 2 hours. Phone MIchigan 2-6969, Ext. 232. *For Dad.*

Markets

Board of Trade, 141 W. Jackson Blvd. World's leading grain exchange. Free illustrated lectures for gallery visitors. Mon.-Fri., 9:30 a.m.-1:15 p.m. *For the Entire Family.*

Chicago Mercantile Exchange, 110 N. Franklin St. Nation's largest market for futures in eggs, butter, farm commodities, etc. Mon.-Fri. 9 a.m.-1 p.m. *For Dad.*

Chicago Union Stock Yards, 41st and Halsted Sts. World's largest livestock market. Visitors welcome to outdoor trading Mon.-Fri., 8 a.m.-2 p.m. *For the Entire Family.*

Merchandise Mart. World's greatest wholesale market center. Tours Mon.-Fri., 10:30 a.m. and 3 p.m. Write Tour Department, Merchandise Mart, Chicago 54. *For Mom.*

Midwest Stock Exchange, 120 S. LaSalle St. Largest stock exchange outside of New York City. Visitors balcony overlooking trading floor open during trading hours, Mon.-Fri., 9 a.m.-2:30 p.m. For large groups call FInancial 6-1111. *For Dad and Teens.*

Medical Institutions

Children's Memorial Hospital, 707 W. Fullerton Ave. Phone for tour appointment. DI 8-4040.

International College of Surgeons Hall of Fame, 1524 N. Lake Shore Dr. Open 10 a.m.-4 p.m., Mon.-Sat. Groups by appointment. MIchigan 2-3555.

University of Illinois Medical Center, 1853 W. Polk St. Medicine, dentistry, pharmacy, nursing, research and education hospitals. Tours by appointment. Phone Public Information Dept., MOnroe 6-3900.

Newspapers

Chicago Tribune and Chicago's American, 441 N. Michigan Ave. Tours (80 min.) daily 1, 3 and 7 p.m. Advance notice required. Phone 222-3993. *For the Entire Family.*

Chicago Sun-Times and Daily News, 401 N. Wabash Ave. Tours Mon.-Fri. Reservations required. Phone 321-3005. *For the Entire Family.*

Universities

Illinois Institute of Technology and Armour Research Foundation, 10 W. 35th St. Tours by advance appointment. Phone Public Relations Dept., CAlumet 5-9600. *For Dad and Teen-Age Sons.*

Northwestern University, Evanston campus. Conducted tour of Technological Institute every Sat. at 11 a.m., main lobby. *For Dad and Teen-Age Sons.*

University of Chicago, conducted 2-hour tour of campus every Sat. at 10 a.m., from Ida Noyes Hall, 1212 E. 59th Street. Free. No reservations necessary. *For the Entire Family.*

University of Illinois, Chicago Undergraduate Division, Navy Pier, foot of Grand Ave. Phone WHitehall 4-3800.

Utilities

Homemakers Center, People's Gas Light & Coke Co., 122 S. Michigan Ave. Complete model kitchens and educational home heating exhibits. Open 9 a.m.-4 p.m. Mon.-Fri. Groups by appointment. Phone 431-4000, Ext. 4948. *For Mom and Daughters.*

Illinois Bell Telephone Co., Central Office. Tours by appointment, Mon.-Fri. 9 a.m.-4 p.m. Phone 727-2363. *For the Entire Family.*

CHARTER HELICOPTER SIGHTSEEING

Chicago Helicopter Airways, 5240 W. 63rd St., Midway Airport. Phone RE 5-3600.

Helicopter Air Lift, Inc., 5300 W. 63rd St., Midway Airport. Phone LU 1-2662.

CHURCHES

Baha'i Temple, Linden Ave. and Sheridan Rd., Wilmette, Ill. Open to visitors weekdays 1 to 4:30 p.m.; Sun. 10:30 a.m.-5 p.m. Worship Service Sunday, 3:30 p.m. Group or bus tours by appointment. Phone 1-0618.

Moody Bible Institute, 820 N. LaSalle St. Tours daily at 1:15 p.m. and 3 p.m. Phone MIchigan 2-1570.

CONSERVATORIES

Garfield Park Conservatory, 300 N. Central Park Ave. World's largest conservatory under one roof.

Lincoln Park Conservatory, 2400 N. in Lincoln Park. Open free daily 9 to 5, including Sunday.

FARM

Hawthorne-Mellody Farms Dairy, on Route 21 (Milwaukee Ave.) 1 mile south of Libertyville, Ill. Farm is open to the public daily.

MUSEUMS

Adler Planetarium, lake front at Roosevelt Rd. Open 9:30 a.m.-5 p.m. except Tues. and Fri. when it is open until 9:30 p.m. Shows at 11 a.m. and 3 p.m. Mon.-Fri.; Sat. at 11 a.m. (Children's show), 12:30, 2 and 3:30 p.m.; Sun and holidays 12:30, 2 and 3:30 p.m.; Tues. and Fri. eves. 7:30 p.m. Adult admission to lecture 50¢; children 25¢. Special school programs free. *For the Entire Family.*

Art Institute, Michigan Ave. at Adams St. World famous collection of paintings, prints and sculptures. Open Mon.-Sat. 10 a.m.-5 p.m.; Thurs. eves. to 9:30; Sun. and holidays noon to 5 p.m. Free every day. *For the Entire Family.*

Chicago Academy of Sciences, 2001 N. Clark St. Exhibits depicting natural history of Chicago area. Open 10 a.m. to 5 p.m. daily. Free. *For the Entire Family.*

Chicago Historical Society, N. Clark St. and W. North Ave. One of the finest historical collections in America. Open free 9:30 a.m. to 4:30 p.m. weekdays; 12:30 to 5:30 p.m. Sun. Adults 25¢. *For the Entire Family.*

Chicago Natural History Museum, Roosevelt Rd. and Lake Shore Dr. Anthropology, botany, geology and zoology graphically and pictorially illustrated 9 a.m.-5 p.m. every day. Adults free Thurs., Sat. and Sun.—other days 25¢. Children, students and teachers always free. *For the Entire Family.*

Museum of Science and Industry, on the lake front at 57th St. See the U-505 submarine; Hear Yourself on the Telephone; See Baby Chicks Being Hatched; Yesterday's Main Street; Microworld Theater and

World of Numbers Exhibit. Open 9:30 a.m. to 5:30 p.m.; Sun. and holidays 10 a.m.-6 p.m. Free. *For the Entire Family.*

Oriental Institute, 1155 E. 58th St. on the University of Chicago campus. Archeological findings



from the ancient countries of the Near East. Open Tues. and Wed., 10 a.m. to 12 noon and 1 to 5 p.m.; Thurs. through Sun. 10 a.m. to 5 p.m. Closed Mon. Free. *For the Entire Family.*

Shedd Aquarium, on the lake front at Roosevelt Rd. 132 tanks containing 10,000 specimens of fresh and salt water fish. Open 10 a.m. to 5 p.m. Free Thurs., Sat and Sun. Other days 25¢. *For the Entire Family.*

OBSERVATION TOWERS

Board of Trade Building, 141 W. Jackson Blvd. Open daily 9 a.m.-5 p.m. Admission: Adults, 50¢; Children, 25¢. *For the Entire Family.*

Prudential Building, 130 E. Randolph St. Open at all times. Admission, 50¢. *For the Entire Family.*

RADIO-TV

The following stations have programs to which a studio audience is admitted:



American Broadcasting Co., 190 N. State St.

WGN—WGN-TV, 2501 W. Bradley Pl.

WTTW, Channel 11, is open for observation without tickets at the Museum of Science and Industry.

WMBI, 820 N. LaSalle St.

WBBM-TV—Two audience participation shows. Write Prog. Dept., 630 N. McClurg Ct.

(Tickets may be obtained by writing in advance, or by telephone).

ZOOS

Brookfield Zoo, 3100 S. and 8500 W. at Brookfield, Ill. Open every day in the year. Hours 10 a.m. to 6 p.m. Free Thurs., Sat., Sun. and holidays; other days, 25¢. Children under 12 free at all times. "Seven Seas Panorama," new exhibit of trained porpoises, shown several times daily—adults, 50¢; children 25¢.

Lincoln Park Zoo, 2200 N. in Lincoln Park. 25 acres of zoo grounds housing a collection of 2,600 mam-



mals, birds and reptiles. Open free daily and Sun., 9 a.m.-5 p.m. Children's Zoo building open daily 10 a.m. to 5 p.m.

OTHER PLACES OF INTEREST OPEN TO GROUPS

Auditorium Theatre, 430 S. Michigan Ave. Famous Adler and Sullivan designed music theatre, located at 90 E. Congress St. Reservations required. Contribution $2; groups of 10 or more, $1 per person. Funds used for restoration of the theatre. Starts from lobby of Roosevelt University, 430 S. Michigan Ave. Phone WAbash 2-2110 *For Persons Over 16.*

Cantigny Gardens and War Memorial Museum, Wheaton, Ill. Gardens open 9 a.m. to 5 p.m., except Mon. Also, War Memorial Museum and former home of Col. Robert R. McCormick. *For the Entire Family.*

Chicago City Hall, 121 N. LaSalle St. Tours of Municipal Court, Municipal Reference Library, Fire Alarm facilities, Election Commission and Council Chambers. For appointment phone RAndolph 6-8000, Ext. 2360, Mrs. Collins. *For the Entire Family.*

Chicago Fire Academy, 558 W. DeKoven St. Tours by appointment Mon. thru Fri., 9 a.m.-3 p.m., except holidays. See firefighters of one of world's largest fire departments in training. Tours completed in 30 minutes. Advance notice required. Phone HArrison 7-5500. *For Children and Teens.*

Chicago Police Department, 1121 S. State St. See the most modern police communications system in the world and new police data processing system in 24 hour service. Advance arrangements necessary only for group tours. Phone WAbash 2-4747, Ext. 533 between 8 a.m. and 5 p.m. *For Children and Teens.*

Chinatown, Cermak Rd. and Wentworth Ave. A picturesque community with gift shops and restaurants serving authentic Cantonese food. Chinese Temple, 2216 S. Wentworth Ave., open noon to 10 p.m. Free. *For the Entire Family.*

Hull House, 800 S. Halsted St. Noted social settlement founded by Jane Addams. Open by appointment, 9 a.m. to 10 p.m. Phone MOnroe 6-6005. *For the Entire Family.*

Illinois Railway Museum, Chicago Hardware Foundry Yards, 2500 Commonwealth Ave., North Chicago, Ill. Contains 20 steam and electric engines from America's railroad past that served city and interurban transit systems as well as intercity lines. Sat. only, 10 a.m. to 5:30 p.m. Free. *For the Entire Family.*

Independence Hall (Cook County Federal Savings and Loan Assn.), 2720 W. Devon Ave. Historical exhibits and famous firearms collection of the Revolutionary and Civil War days. *For the Entire Family.*

Maxwell Street Market, Maxwell and S. Halsted Sts. Outdoor market place with old world atmosphere. Open every day, including Sun. *For Mom and Dad.*

McCormick Place, E. 23rd St. and Lake front. Our newest and most beautiful convention center. More sculpture work on walls of this magnificent building than on any other structure in the world. Restaurants, gift shops, exhibition halls and a legitimate theatre. Rooms for meetings, banquets, etc. Phone 225-4350. *For the Entire Family.*

Navy Pier, foot of Grand Ave. See Chicago from the 2500-foot promenade built over the pier's marine terminal building. Here the foreign freighters discharge and load cargo. Open 10 a.m. to 10 p.m. Free. *For the Entire Family.*

Old Graue Mill and Museum, York Rd., north of Ogden Ave., Hinsdale, Ill. School and special groups (free) may reserve by calling FAculty 3-9882. Only operating water-wheel gristmill in Illinois. Restorations Early American and Victorian rooms; Civil War relics. Open May 21-Oct. 30—1:30 to 8:30 p.m. daily; 11 a.m. to 8:30 p.m., Sun. Admission 25¢ and 10¢. *For the Entire Family.*

Santa's Village, Highways 25 and 72, near Dundee, Ill. A year-round world of story-book folk; open every day except Christmas. Rides, puppet theatre, tame animals. Children 25¢; juniors 50¢; adults $1. *For the Entire Family.*

U. S. Naval Training Center, Great Lakes, Ill. Recruit reviews, fire fighting, missiles, technical schools. Visitors welcome. For group tours call Public Information Office, 336-3500, Ext. 2201. *For the Entire Family.*

THEATERS

Blackstone, 60 E. Balbo presents "Mary, Mary," comedy with Julia Meade, Scott McKay and Tom Helmore. Eves. 8:30 except Sunday Mats. Wed. & Sat. at 2. For ticket reservations call CEntral 6-8240. *For Mom and Dad, Young Adults.*

Drury Lane, 2500 W. 94th Place, adjoining *Martinique Restaurant* for convenient theater dining. May 12, "King of Hearts" with George Mongtomery. May 14-16, Michael O'Shea, Virginia Mayo in "George Washington Slept Here." For ticket reservations call PR 9-4000. Tues.-Fri. 8:30, Sat. 6 & 9:30, Sun. 7. *For Mom and Dad, Young Adults.*

Shubert, 22 W. Monroe St., presents "Milk and Honey," with Molly Picon. Eves. 8:30, Mats. Wed. and Sat. at 2. For reservations call CEntral 6-8240. *For Mom, Dad, Young Adults.*

Happy Medium, 901 N. Rush, cabaret theater, presents "Put It In Writing," Tues.-Thurs. 8:30; Fri. & Sat. 8:30 & 11:30; Sun. 7:30 & 10:30. For tickets call: DE 7-1000. Dancing, cocktails, continuous entertainment in Downstage Room. *For Mom, Dad, Young Adults.*

Orchestra Hall, 216 S. Michigan Ave. May 12 in the afternoon presents David Pope, pianist. Ticket Office: HA 7-0362.

RESTAURANTS

London House, 360 N. Michigan, dining and musical entertainment.

Mister Kelly's, 1028 N. Rush, dining, cocktails, entertainment, presents comedian Shelley Berman during convention week. *For Mom, Dad, Young Adults.*

Kungsholm Scandinavian Restaurant, 100 E. Ontario St., features Smorgasbord and unique puppet opera, presenting Bizet's "Carmen" May 2-15. Tickets for opera free. Make reservations in advance by calling WH 4-2700. *For the Entire Family.*

Fickle Pickle Espresso House, 1137 N. State, featuring fancy coffees, cider, ice creams, folk-singing entertainment. *For teen-agers and the Young in Heart.*

SPORTS

Baseball (Home Games)

Chicago White Sox, Comiskey Park, 324 W. 35th St., American League—May 12 (DH) and 13 (N), Los Angeles; May 14 (N) and 15 (N), Detroit. Ticket Information, Phone 924-1000. *No phone reservations.* Box and reserved seats on sale at Box Office or at all Sears stores in Chicago area.

Chicago Cubs, Wrigley Field, N. Clark & W. Addison, National League—May 14, 15, & 16, Cincinnati. Ticket information, BU 1-5050. No Phone Reservations. Reserved Box Seats may be purchased at Ticket Office and at Bond's Clothing, 234 S. State, or by writing: Ticket Manager, Wrigley Field, Chicago 13, Illinois.

from the **Illinois Medical Journal**

MARCH, 1963

"Participants in Democracy"

A. E. Steer, M.D., *Springfield,* and
Newton DuPuy, M.D., *Quincy*

On the night of November 6, 1962, the penetrating lenses of nationwide television cameras were frequently aimed at Illinois, specifically at a 14-county area in the west central part of the state where two incumbent congressmen were determined to unseat each other. Only one would be returned to Congress.

When the final count was known, the losing candidate is reputed to have laid his lack of success to two groups — doctors and farmers.

Behind this alleged remark is the fascinating story of how slightly over a hundred people altered the political complexion of the healing arts profession in the 20th Congressional District. Testimony to this remarkable contribution comes from the successful candidate, Congressman Paul Findley, in a letter addressed to IMPAC, the Illinois Medical Political Action Committee:

"The Influence which physicians can exert on election day is virtually without limit, and no better sbustantiation could be provided than the 20th Congressional district race November 6.

"Physicians assumed a wide range of responsibilities in my campaign. . . . What accounts for this unusual and effective participation? Without doubt, the great share of credit must be placed at the door of your organization.

"Physicians can be even more effective in the future. Each has a unique position in his community. He is highly respected by all his patients. . . . He is listened-to with attention just as rapt when he talks about public issues and candidates for office, as when he discusses the patient's ailments. This is because the patient chooses his doctor, and, of course, this is one of the beauties of the private enterprise system we are all so anxious to preserve. He has confidence in his doctor's judgment.

"Does the doctor abuse this confidence when he talks politics? Quite the contrary. One of the doctors most fundamental responsibilities to his patient is to help assure the best possible level of medical care in future years. Decisions made by elected officials in Washington and Springfield bear directly on the future quality of American medicine, so doctors have a responsibility to help elect the right public officials."

IMPAC, in the 20th Congressional District, is 120 physicians, pharmacists, dentists, nurses, assistants, detail men, and wives. Certainly there are leaders among them, but so many people devoted so much time and effort to the common goal that it would be unfair to single out names.

Local IMPAC meetings were held in Springfield and Quincy on consecutive July evenings — actually a late start toward a November election. Participants selected A. E. Steer, M.D., and Newton DuPuy, M.D., as eastern and western division chairmen. Each division named a Candidate Interviewing Committee, a Membership Committee, and a Political Action Committee.

While the Candidate Interviewing Committees set to work making arrangements to talk with opponents Peter Mack (D) and Paul Findley (R), Membership Committees developed a recruitment program. In the period between the July meetings and December 31, IMPAC membership in the 20th District jumped from fewer than 50 to 120.

The interviewers spent several hours talking with the candidates, also asking them to express their views on specific issues in writing. Their task was unique in Illinois, because both candidates were incumbents, thrown together in one district earlier in 1962 by congressional reapportionment. Both candidates are men of stature.

On the basis of personal interviews and letters from candidates, the two committees — eastern and western divisions — arrived, independently of each other, at the same conclusion: they

would recommend the statewide IMPAC endorsement of Congressman Paul Findley.

It is important and interesting to note that Mr. Findley was not selected on the basis of his opinions regarding the single issue of Medicare or of issues of concern primarily to the medical professions.

With the subsequent endorsement of Mr. Findley by the IMPAC Executive Council, based on the recommendations of the local groups, the Political Action Committees swung into concerted activities on behalf of their candidate — absorbing the members of the Interviewing Committees, who were not yet ready to retire!

And what did they do?

Working with the candidate's campaign office, members of the 20th District IMPAC Chapter —

1) wrote several thousand personal letters to patients, friends, and customers.

2) raised money to buy postage, billboards, radio-TV spot announcements and other advertising.

3) distributed many thousand of brochures.

4) arranged coffee hours at which voters could meet the candidate.

5) conducted a telephone campaign to get out the vote.

6) distributed — and *displayed* — thousands of car bumper stickers, campaign buttons, lapel pins, and other campaign materials.

7) talked with patients, friends and others about their candidate.

8) participated in arranging speaking engagements, TV-radio appearances, informal home gatherings — all designed to give voters an opportunity to see and/or meet the candidate.

9) answered an emergency call to address 6,000 envelopes *during a week-end.*

10) put in many hours of volunteer work at campaign headquarters.

In his letter, the candidate himself lists other help he received from IMPAC members:

"IMPAC aided through personal and direct-mail contact to bring individuals into the manpower fold. One physician's wife served as my district fund treasurer. Others worked in door-to-door contact. A Springfield physician took me on a personal hand-shaking tour of Memorial hospital, giving me a valuable opportunity to meet several hundred patients and personnel. . . . A Jacksonville physician placed a signed statement in my behalf in the local daily newspaper. A Jerseyville doctor sent a very unique 'prescription' to all patients. This, I believe, had a tremendous impact, helping to generate the truly amazing vote in Jersey County.

"This recitation could go on for a long time, because several hundred medical personnel took a personal interest in my campaign and expressed it in one way or another."

In the process of performing these political campaign tasks, the IMPAC members came to realize certain things.

They were citizens — and voters — before they were doctors, dentists, nurses, or other representatives of their professions.

Their civic responsibility is generally regarded seriously by non-members of the healing arts, and they *gained* a considerable amount of respect from fellow citizens as a result of *accepting* their responsibility.

They learned a great deal about "polities" and political campaigns.

They learned that too few people take seriously their own responsibilities as citizens, and must be stimulated, cajoled, encouraged, educated, and, in many cases, spoon-fed to assume their own proper roles as citizens and voters.

They enjoyed their efforts — the long hours, the sometimes tedious tasks, the opportunity to meet many new people, the very idea of participation — and ultimately, the greatest satisfaction — success.

How is this significant? It is significant because 120 people generally regarded as community leaders, accepted one of the duties that accompanies this position, in an arena heretofore almost unexplored by them. Concerned about public sentiment about doctors in politics, they found their communities pleased to see them stand up to be counted.

Afraid of stubbing toes on political naivity, they began educating themselves in their new field.

Stimulated at first by an exciting diversion, they soon realized the enormity of their task — the very significant act of electing a public official. There can be no question that they regard their efforts as worth while. The 20th District Chapter of IMPAC has already begun planning its 1964 campaign.

ILLINOIS MEDICAL ASSISTANTS ASSOCIATION REPORT

Illinois Medical Assistants Annual Meeting

April 19-21, LaSalle Hotel, Chicago

Interested Non-Members are most cordially invited to attend

April 18

6-10 p.m. Registration
8 p.m. — Official Council Meeting

April 20

8:30 House of Delegates Meeting
9:00 General Assembly
Welcome: Casper Epsteen, M.D., President, Chicago Medical Society
Nominations and Election of Officers
11:30 Medical Assistants Role in Political Action — Phillip G. Thomsen, M.D.
12:30 Chapter Presidents' Luncheon
2:00 Educational Conference:
Simple Terminology for the Doctors' Assistant — Burgess Gordon, Associate Editor of AMA Book on Medical Terminology
Personal Grooming — Ethel Kruppa, Patricia Vance Charm Studio
Medical Assistants Role in the Community — W. Andrew Boss, President, Chicago Junior Association of Commerce and Industry
Ethics in the Doctors' Office — Jack P. Cowen, M.D., Chicago
4:00 "*Evaluating I.M.A.A.*" — Panel Discussions
I.M.A.A. Advisory Committee
Moderator: Carl Clark, M.D., Sycamore, Speakers: H. H. Pillinger, Jr., M.D., Elgin, Arkell M. Vaughn, M.D., Chicago, Caesar Portes, M.D., Chicago
6:30 Reception and Installation Banquet
Speaker: Walter C. Alvarez, Mayo Clinic
Installation of Officers:
George F. Lull, M.D., President Illinois State Medical Society

April 21

9:00 Breakfast, *Help Yourself to Avoid Collection Problems,* P. A. Hamilton, Manager, Chicago Accounts Service
10:30 *Tomorrow's Prescriptions,* John Bernhardt, Smith, Kline & French Laboratories
11:00 Post-Convention Council Meeting

Death and Doctors

CLEMENT MARTIN, M.D., *Chicago*

Statistics — at least those concerning untimely deaths of physicians — don't lie. By heeding them and following a simple preventive program you may enjoy extra years of life and health.

At the last staff meeting who sat on your right? On your left? One of those three physicians will die of a coronary accident — for you are part of the picture that statistics give us. Well over half of all U. S. deaths are due to arteriosclerosis, and about one-fourth of the total is directly related to myocardial infarctions. The picture is even more serious for physicians.

Over the past two years the author has tabulated the deaths reported each week in the J. A. M. A. These have formed the basis for the conclusions reported here.[1]

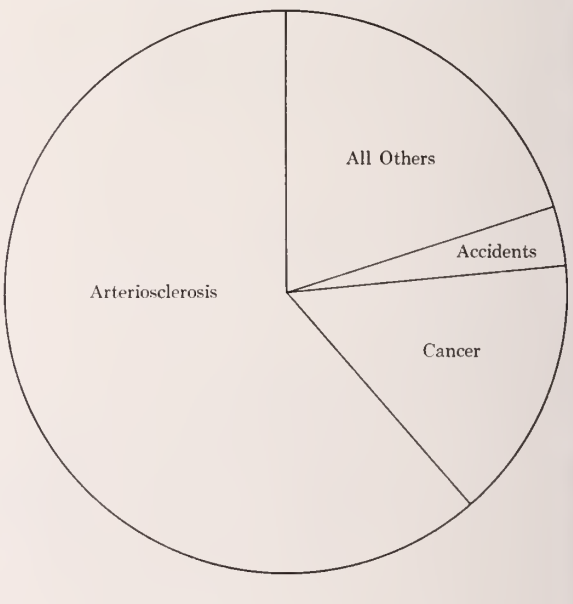
Discussion of Method

During the original process of collection and analysis of the causes of death among physicians, the author held separate listings for various other disease entities not reported here. Organic heart disease was felt to be distinct from arteriosclerotic processes and was not included at any time in the causes of deaths by arteriosclerosis. These deaths are included in the general grouping of "Deaths from all other causes". These are not sufficiently numerous to show any statistical trend, and occur at all age groups. Also in the list of "Deaths from other causes", were cirrhosis and the various pneumonias. At one time in the past, cirrhosis was reported to be the fourth cause of death in medical groups — certainly this is no longer true. Pneumonia retains its title as the "old man's friend" that Sir William Osler gave it.

Accidents

Accidents were no respecter of age. The majority of accidental deaths were due to automobile disasters. The number of physicians who met their deaths in private planes seemed disproportionately high for the probable exposure of the group to this hazard. The figures themselves are so small that no valid statistical conclusions can be drawn about this; but, the impression remains. Drownings, falls, and gunshot accidents accounted for most of the other accidental deaths.

FIGURE 1. Major causes of death among physicians.



Arteriosclerosis (Myocardial Infarcts 1949)	4156
Cancer	1126
Accidents	213
All Others	1126

Other Groups

In the publication of the J. A. M. A. death

Medical Director, Continental Casualty Company.

notices some causes of death are omitted. This can be either from a lack of information — or a specific request to omit the information from publication. Many make the assumption that these represent deaths from suicide or other undesirable causes. This is not a valid assumption as shown by the statement above. In the adult U. S. population, the suicide rate averages around 7 per cent; this figure is probably correct for the group under study.[2] No other cause of death appeared in sufficient numbers to warrant any statements of significance.

Myocardial Infarction

Deaths due to myocardial infarction deserve our special consideration. Not only do they reduce our numbers seriously, they often come at the time of our lives when we are just beginning to make our place in the profession and in the community. A physician's training ordinarily occupies him until he is in his mid-thirties. In the first five to seven years after his entry into practice he, or she, often spends many quiet hours waiting for patients. By the time the physician has reached his forties a real practice has been acquired and the full realization of his potential becomes actual. The sudden end of life at this time is a major tragedy to the physician's family, to his patients — and to himself.

Prevention

Dr. Edward Bortz[3] and many others have pointed out that those of us alive today can expect to live to one hundred, if we will only apply the knowledge we have. Physical fitness, diet and routine health audit exams are the three legs of this tripod of life. This is particularly applicable in the prevention of atherosclerosis. Since 1954[4] rehabilitation camps have been busy in Western Germany promoting physical fitness and dietary good sense. The Russians[5] have taken up this approach of preventive medicine wholeheartedly. Each year 1,000,000 citizens of the U. S. S. R. are given a month in the country to improve their fitness and increase their longevity. Yet their problem is far less serious than is ours. For each coronary death in the U. S. S. R. there are 2.85 deaths in the U. S.[6] And, to repeat, the rate among the physicians is far higher than the national figure would indicate.

Treatment

Three half-hour sessions of strenuous physical activity each week have been recommended as a preventive and therapy for the effects of arteriosclerosis.[7] In a recent publication the Council on Foods and Nutrition has suggested a Modified Fatty Acid Diet[8] for the use of those needing control of dietary fat intake. The value of a routine health audit examination is so evident to need no repetition here.

Conclusion

Doctor, the profession needs you; and your family needs you. You are irreplaceable. Heed the advice that the statistics give and follow the program that lets you see — and enjoy — years of health.

REFERENCES

1. J.A.M.A. Volumes 176, 177, 178, 179, 180 and 181.
2. Statistical Bulletin, Metropolitan Life Insurance Company, November, 1962, p. 11.
3. Bortz, E., M.D.: Encyclopedia Britanica.
4. Krause, Hans and Raab, Wilhelm, M.D.: Book of the Year 1961. Charles C Thomas, Publisher.
5. J.A.M.A. 175:65, 1961.
6. Carter, C. and Carter, D.: Cancer, Smoking, Heart Disease, Drinking in Our Two-World Society Today, Northern Book House, Toronto, 1958.
7. Fitness After 40, Illinois State Medical Society, 1962.
8. J.A.M.A. 181:5 (August 4), 1962.



Out of this world!
ISMS Annual Convention for '63
May 12-16 *Sherman House, Chicago, Ill.*

Great Names in Chicago Medicine

MORRIS FISHBEIN, M.D., *Chicago*

The inimitable "Dr. Pepys" himself ranks as one of the outstanding names in Chicago medicine. An inventive writer, fiery editor, and peerless educator, his name is virtually synonymous with accepted modern standards in medical communication. His immense list of literary and editorial achievements — which defy even token summary here — have brought him world renown and official commendation by seven foreign countries and by the United States. Perhaps best known to physicians as the former editor of J.A.M.A. and to laymen as contributing author to numerous wide-circulation magazines, the versatile Dr. Fishbein in this series turns to an informal history of Chicago medical greats.



ANYONE WHO IS GREAT is important, eminent, renowned, famous or infamous, and recognized. One may be great, greater, or the greatest. The medical student assesses the greatness of his teachers by their personalities and their ability to hold his interest. However, a professor of surgery in one of our Chicago medical schools always lectured to standing-room-only in the great amphitheatre of the Cook County Hospital; he was a compelling teacher but not a great surgeon. The students admired one professor because he always wrote great numbers of prescriptions on the blackboard which they could quickly copy — but he was not a great therapist.

Some men achieve distinction by more attention to the pen than to the scalpel; others become renowned because of the quality and wealth of their patients—they are probably excellent doctors but not among the great. A great doctor is one who is remembered and whose deeds are recalled long after he has gone.

Address at the Hall of Fame, International College of Surgeons, Chicago, January 29, 1963.

First of a three-part series. Part 2 in next issue.

The list of eponyms for operations in a well known medical dictionary includes the Chicagoans Belfield for a vasotomy; McArthur for catheterization of the common bile duct, emptying bile into the duodenum; and Webster for what is better known as the Webster-Baldy operation for retrodisplacement of the uterus in which the round ligaments are passed through the perforated broad ligaments and fixed to the back of the uterus. These latter two operations are now seldom practiced. Murphy was widely heralded for Murphy's button, DeLee and Hillis for maternity stethoscopes.

Many a Chicago doctor's name has been associated with a sign, a symptom, or a test as Capps' sign and the Haines test. With the coming of modern improvements in electronics and technology, many old signs and symptoms are seldom sought, and even the tests are constantly bettered by new materials and devices.

Confronted with this problem of determining greatness, I have considered in my selection of great names first the pioneers, then some Chicago physicians whose names had not only local but national and occasionally international fame, and also physicians in the Chicago area who became renowned as builders of institu-

tions and organizations and a few who were primarily politicians.

Early in the history of Chicago there were two medical societies, one for the south side and one for the west and north sides. However, ultimately they joined because many physicians were members of both. In a lecture on great names in Chicago medicine by William Allen Pusey he selected Daniel Brainard, John Evans, John H. Rauch, Christian Fenger, Frank Billings, and Ludvig Hektoen.

The Pioneers

Few physicians in Chicago today are familiar with the name of Daniel Brainard. He was the founder of Rush Medical College. He was born in the town of Western, New York, May 15, 1812; learned his medicine with preceptors, some lectures at Fairfield Medical College, and two courses in Jefferson Medical College, Philadelphia, where he received his degree in 1834, when 22 years old. About 1836 after working with his preceptor and teaching some anatomy and physiology in the Oneida Institute of Whitesboro, New York, he left for Chicago. An eminent lawyer, the Honorable John D. Catin, describes his arrival:

> Dr. Brainard rode up to my office on a little Indian pony. He was dressed rather shabbily and said he was nearly out of funds, and asked my advice about commencing the practice of medicine in Chicago. I knew he was ambitious, studious, and a man of ability, and I advised him to go to the Pottawatomie camp where the Indians were preparing to start for a new location west of the Mississippi River and sell his pony; take a desk or rather a small table I had in my office, and put his shingle by the side of the door, promising to aid him in building up a business.

Dr. Brainard slept on his knapsack until he earned enough money to buy a bed. His advancement in medicine was slow until he amputated a leg at the hip joint; the patient was a laborer who had a fracture with a subsequent infection.

In 1837 Dr. Brainard opened a private school of anatomy in his rooms on Clark Street opposite the Sherman House. The charter of Rush Medical College was granted to Brainard and a group of physicians by the legislature of Illinois in March 1837, but the trustees did not appoint a permanent faculty until October, 1843. Professor Brainard delivered the inaugural lecture. He was a man in advance of his times. However, he could see no advantage to having national or state examining boards. He did believe in specialization. In a short life of Professor Brainard, written by E. Fletcher Ingals, professor of otolaryngology at Rush Medical College, he notes that Brainard had a sense of humor. In an address to the graduating class of Rush Medical College in 1849 Dr. Brainard said, "The statement has recently been made by a Dr. Holmes, professor in a not very flourishing medical school at Boston, that the multiplication of medical schools at the West is doing great mischief in the profession . . . for a country possessing all the advantages for containing a large population, calculated from extent and situation to be the center of the republic . . . with all its advantages, to be dependent on some villages a thousand miles off for its physicians, would certainly present an anomaly in the general order of things." When Brainard came to Chicago it had 2000 people; at the time of his lecture it had 4500 people. The railroad did not reach Chicago until 17 years later.

The faculty which Brainard assembled included several of considerable note. Austin Flint, Sr., educated at Harvard, left Rush to become professor of medicine at Bellevue Hospital, New York. Another was John Evans, professor of obstetrics, and diseases of women and children. This is the Evans for whom Evanston is named and who was one of the founders of Northwestern University. Evans was later appointed by President Lincoln as territorial governor of Colorado. Mount Evans is named in his honor.

John Evans

After graduation in medicine in Cincinnati in 1837, Dr. John Evans (a Quaker) settled in Attica, Indiana. In 1843 he gave an address on Christmas Day which caused the Indiana state legislature to appropriate funds to establish the Central Indiana Hospital for the Insane in Indianapolis, which opened in 1848. He was its first superintendent although he had become professor of obstetrics in Rush Medical College in 1845, commuting back and forth. In 1846 he wrote a paper on insanity which he

subdivided into seetions called Mania, Monomania, Melancholia, and Dementia. He helped to organize the Chieago Medieal Soeiety, the Illinois State Medieal Soeiety, and the Amerieau Medical Association. He was the editor of the first medieal journal published in Chieago — the *Northwestern Medical and Surgical Journal.* He was a member of the City Council, organized the school system of Chieago, and inaugurated the first high school. He founded Northwestern University, was the first president of its trustees, and held that position until his death in 1897. Even though he had moved to Colorado, he returned every year to sit with the trustees at Northwestern University. He indueed the legislature of Illinois to grant the university invaluable lands and freedom from taxation, and the grateful eitizens changed the name of the village in whieh the university is located from Ridgeville to Evanston.

Dr. Evans was founder and editor of the *Norwegian Christian Advocate.* He made a fortune in real estate; built the Methodist Chureh Bloek, one of Denver's first offiee buildings; promoted the Chieago and Fort Wayne Railroad and led in establishing the terminal of that railroad whieh later beeame a part of the Pennsylvania System in Chieago. He was a member of the eonvention that nominated Lineoln in 1860. It was said of Evans that he built ehurehes like Carnegie built libraries. His philanthropies exeeeded $2 million.

Emely Blackwell

Another name not easily forgotten is that of a student of Rush Medieal College in 1852. Her name was Emely Blaekwell, the first woman admitted to a medieal sehool in Chieago. The school was so severely criticized by the state medieal soeiety for admitting Miss Blaekwell that she never eame back to eomplete her work and graduate. The second woman of importanee was Dr. Sarah Hackett Stevenson who was selected to represent the Illinois State Medical Society in the Amerieau Medieal Association in 1876 — the first state to be represented by a woman.

Nathan Smith Davis

Nathan Smith Davis was one of the greatest names in the history of medicine in the United States. In "The History of the Amerieau Medical Assoeiation" published under my editorship in 1947 at the 100th anniversary of the American Medieal Assoeiation, appear several biographies of Dr. N. S. Davis, one prepared by Dr. Walter L. Bierring who wrote the lives of all of the presidents of the Amerieau Medieal Assoeiation. Although Dr. Nathan Smith Davis founded the Amerieau Medieal Assoeiation in 1847, he was the 16th and 17th president of the A.M.A. in 1864 and 1865 — the only man who was twiee president exeept Dr. Frank Billings. Dr. Davis was a prolifie writer and speaker of reeognized ability. He learned medieine under a preeeptor and took a eourse of medieal leetures in the College of Physieians and Surgeons of the Western District of New York. He praetieed for a while in Binghamton and then moved to New York City in 1847. He introdueed the resolution in the New York State Medieal Soeiety naming a committee to promote a national eonvention in May 1846. While in New York he served as demonstrator of anatomy in the College of Physieians and Surgeons, gave a eourse in medieal jurisprudenee and edited a small semi-monthly medieal journal ealled "The Analyst."

In 1849 Dr. Davis eame to Rush Medieal College as professor of pathology, praetiee, and clinieal medieine. In 1859 he organized the medieal department of Lind University, later known as Chieago Medieal College and, finally, Northwestern University Medieal Sehool. He prepared a textbook of medieine, the first history of the Amerieau Medical Assoeiation, and about 150 essays, papers, and reports. He was the first editor of *The Journal of the American Medical Association* from 1883-88. A testimonial banquet was given in his honor in 1901 at whieh he sat between Drs. Christian Fenger and Frank Billings. He was an ardent advoeate of teetotalism and was responsible for a resolution which prevented the serving of aleoholie drinks at any meeting of the Amerieau Medieal Association. This has not, however, interfered with a considerable attendanee of the thirsty delegates at the bars and taverns nearest the place of the meeting.

The son of Dr. Nathan Smith Davis was Dr. Frank Howard Davis who graduated from Northwestern University Medical School in 1872 and became his father's assistant. A younger son, Nathan S. Davis, Jr., received his medical degree from Chicago Medical College in 1883, and a grandson, Nathan Smith Davis, III, also practiced in Chicago and was both secretary and president of the Chicago Medical Society.

According to Dr. James B. Herrick, who met Dr. N. S. Davis for the first time when Dr. Davis was 70 years old, Dr. N. S. Davis was actually a founder of Mercy Hospital and until his death was chief physician of its staff. The hospital was often called "Old Man Davis' Hospital." Dr. Herrick had an Irish patient who was told that he had better go to "Old Man Davis' Hospital." Herrick said to him, "But Mike, you are a Catholic and a booze fighter. You know Dr. Davis is a red-hot Methodist and hates alcohol." Mike replied, "Doc, what the hell difference does it make!" And Herrick agreed that it probably made no difference.

Dr. N. S. Davis also wrote for the lay press. He died at 87 years of age, having practiced his profession for 67 years. He was a sincere member of the Methodist Church, read the Bible every morning, always said grace before meals, and always voted a straight Democratic ticket until William Jennings Bryan became a candidate. Since he would not vote for a Republican, he voted in 1896 and 1900 in favor of the prohibition ticket. He always wore what he thought was the proper costume for a doctor: a high hat, claw hammer black coat (like a full dress evening coat of today) with a black vest and tie, and boots with his trousers outside. He rode the street cars and invariably flipped on and off before the car stopped.

Dr. Davis had a big practice. He charged $1 or $2 for an office call, $2 or $3 for a house call, and $5 for a delivery or consultation. When he died he had $10,000 in securities and clear title to his home, and the satisfaction of having led an inspiring and full life.

Coming To The ISMS Annual Convention

Out-Of-State Speakers

(see page 284 for summary schedule)

Charles Rob	Surgery	Mon. p.m.	Rochester, New York
Felix Milgrom	Allergy	Tues. a.m.	Buffalo, New York
***Robert G. McIver**	Anesthesiology	Mon. p.m.	Brooks, Texas
***Arthur B. Tarrow**	Anesthesiology	Mon. p.m.	Lackland, Texas
Harold O. Perry	Dermatology	Tues. a.m.	Rochester, Minn.
Orlando J. Miller	Ob-Gyn	Tues. a.m.	New York City
John C. Ullery	Ob-Gyn	Tues. a.m.	Columbus, Ohio
Murray Davidson	Pediatrics	Wed. a.m.	New York City
Lytt I. Gardner	Pediatrics	Wed. a.m.	Syracuse
Mieczcyslaw Peszczynski	Phys. Med. & R.	Tues. p.m.	New York City
J. H. Juhl	Radiology	Tues. p.m.	Madison, Wisconsin

*not confirmed

The View Box

Leon Love, M.D., *Chicago*

A 62-year-old Negro male presented with a history of pain in the left flank and hematuria of one weeks' duration. Physical examination revealed a questionable left flank mass. Laboratory work-up was essentially normal, except for numerous RBC's in the urine.

IVP revealed a normal right renal collecting system and ureter. There was no visualization on the left. A left retrograde was done. (Fig. 1.)

Because of the need for more definitive pre-operative diagnosis a selective renal arteriogram was done. (Fig. 2.)



FIGURE 1.



FIGURE 2.

What is your diagnosis?

1) Chronic pyelonephritis
2) Hypernephroma
3) Polycystic disease of the kidneys
4) Simple cysts

(continued on page 276)

From the Cook County Hospital



Editorials

Adenomatous Polyps of the Colon

Until a few years ago it was common belief that all adenomatous polyps of the colon eventually became malignant. This concept has been challenged and some authorities claim that there is no definite evidence that these benign lesions are ever transformed into infiltrating, metastasizing cancers of the colon. Much of the controversy centers about the fact that not every clump or tissue on a stalk is an adenomatous polyp. It is obvious that research on the fate of polypoid lesions in this area is very difficult and impossible especially when they are removed. On the other hand careful histologic sections have been made on many excised, so-called adenomatous polyps and reported to be malignant. But this is not an easy diagnosis to make considering our ignorance of the basic nature of these most common lesions.

In a 1952 report, Welch, McKittrick and Behringer[1] examined 322 polypoid lesions of the colon, 262 of which were clearly benign and 60 were considered carcinomatous according to the pathologic criteria of that time. Castleman and Krickstein[2] recently reviewed the clinical history of these 60 cases and re-evaluated the microscopic sections of 57. These included 9 cases in which metastasis was said to occur. The review yielded only one case, out of the original 322 polypoid lesions, of a true focus of carcinoma occurring in an adenomatous polyp. This was regarded as a variety.

These were malignancies among the 60 cases, and they were not found in true adenomatous polyps.

The errors in the original interpretation of the pathological material fell into three basic groups. Some of the lesions were regarded as being polypoid carcinoma because the authors were unable to find remnants of an adenomatous polyp in the microscopic sections. In other words, the cancer did not have its origin in an underlying benign polyp. Nor have the authors been able to find such remnants in hundreds of frank cancers of the colon, either polypoid or ulcerating, at the Massachusetts General Hospital.

The second type of lesion confused with the adenomatous polyp was the papillary or villous adenoma. Cancer had developed in some of these. The third type of lesion was an adenomatous polyp but the cancer was confined to the stalk. The confusion centered about the tendency to regard epithelial atypicality of this part as a carcinoma. These lesions rarely if ever metastasize.

A lesion on a stalk may be a polyp, a papillary adenoma or a polypoid carcinoma. The authors recommend that papillary adenomas should be completely removed by local resection unless the lesion is very long. Polypectomy is required for the adenomatous polyp which is likely to be soft and pedunculated. Non-pedunculated polypoid tissue that is firm or gritty and shows unequivocal carcinoma in frozen section should be treated like other cancers. Polypoid carcinomas on a true stalk can be cured by simple local removal of the tumor and its stalk, without resort to radical bowel resection.

REFERENCES

1. Welch, C. E., McKittrick, J. B., and Behringer, C.: "Polyps of rectum and colon and their relation to cancer", New England J. Med. 247:939, 1952.
2. Castleman, B., and Krickstein, Herbert I.: "Do adenomatous polyps of the colon become malignant?", New England J. Med. 267:469 (September 6), 1962.

The View Box

— diagnosis and discussion (continued from page 274)



FIGURE 3. Retrograde aortogram at the level of the renal arteries demonstrating normal vessels.

The diagnosis is hypernephroma.

Renal arteriography provides the best demonstration of the anatomy of the kidney short of surgical exposure. It can prove most valuable in differentiating a renal tumor from a renal cyst.

One of the most difficult diagnoses in Radiology can be between tumor and cyst. A solitary cyst appears as a rounded negative shadow in the nephrogram and produces stretching and distortion of the renal artery branches around it. Renal carcinoma, on the other hand, will usually show evidence of abnormal vessels and abnormal vascularity within the tumor area (See Fig. 2).

Most hypernephromas show pathological vessels and excessive vascularity. Carcinoma of the renal pelvis, unlike hypernephroma, has no excessive vascularity.

A Seldinger needle is used for direct puncture of the femoral artery below the groin. A guide wire is inserted up the lumen of the needle. The needle is then extracted backward over the guide wire which remains in the artery. A polyethylene catheter (Odman) is passed along the guide wire under fluoroscopic control. The catheter is preformed in the shape of the renal artery. The guide wire is then extracted.

Contrast material is rapidly injected into the catheter with a mechanical injector and serial films are taken at the rate of four per second. The value of selective technique is that it requires less contrast material, 3-6 cc versus 20 cc. Also, the renal areas visualized is not obscured by other vessels which are filled. It is more time consuming.



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Medical Physiology. Edited by Philip Bard. $16.50. Pp. 1339. St. Louis, C. V. Mosby Company, 1961.

The eleventh edition of Medical Physiology continues a tradition begun by J. J. R. Macleod in 1918 to provide the student, no longer in direct contact with the laboratory, with a scientific basis for clinical practice. The first edition was written by Macleod with the assistance of only four other physicians and provided an excellent treatise of the medical physiology known then. This latest edition required sixteen specialists, five contributing for the first time, and also a 50 per cent longer text to present a comprehensive discussion of modern medical physiology.

The present contributors are well-chosen in their respective fields to provide authoritative treatment of each subject. The editor has used the experience gained in the production of preceding editions effectively, to make it easy to read. With few exceptions, a good general balance is achieved in the space allotted to the several systems of the body. The illustrations, and particularly those obtained with the electron microscope, help clarify the text. As is almost inevitable with any book, some defects are to be found. Hematopoesis is presented in a rather peculiar perspective; iron metabolism is presented in detail far exceeding the rather fragmentary presentation of intrinsic factor, liver extract and vitamin B_{12} and the discussion orients the student poorly for his clinical studies; the coagulation mechanism, on the other hand, is clearly and succinctly described for beginning the practical management of patients. The discussion of electrophysiology contains mathematical considerations far exceeding the capacities of most medical students and makes the discussion almost unintelligible for them; in contrast, the discussion of pulmonary physiology, also based upon complicated mathematical considerations, is presented with such a minimum of detail and yet with such clarity that most students could acquire an adequate understanding for clinical purposes. The use of radioisotopes for special clinical studies receives somewhat less attention than it deserves.

In general, the book achieves its purpose and compares favorably with other available textbooks: to present that part of physiology of special concern to the medical student, the practitioner of medicine and the medical scientist in terms of the experimental inquiries that have led to our present state of knowledge.

William H. Wehrmacher, M.D.

Light Coagulation. Gerd Meter-Schwickerath. $9.50. Pp. 114, illus. 55. St. Louis, C. V. Mosby Co., 1960.

Burns of the retina caused by intense sunlight have been known for many centuries. After each eclipse, macular burns are reported. Similar burns have been reported in survivors of atomic explosions who happened to be gazing at the blast when it occurred. These burns differed in no way from those produced intentionally in diathermy treatment of the retina for such diseases as retinal detachment and hemangiomas. It remained for the German ophthalmologist, Meyer-Schwickerath, to reason that the detrimental effect of solar energy could be put to use in a device called a photocoagulator. This he did, and in the last ten years a great many articles have appeared illustrating the value of this machine in treating local lesions of the retina.

The author has now published a small monograph which gives the background and development of this instrument, and discusses the physics and mechanics of its use. He is very conscious of the limitation of the instrument, and realizes that it is not a panacea for all retinal diseases. All ophthalmologists, who have such an instrument available to them, will want to read this manual by the father of it. Others might enjoy glancing through this monograph in their local library, since it is a fascinating development in ophthalmology.

David Shoch, M.D.

Principles of Internal Medicine. Edited by T. R. Harrison, Raymond D. Adams, Ivan L. Bennett, Jr., William H. Resnik, George W. Thorn, M. M. Wintrobe. $19.50. Pp. 1947. 4th Edition. New York, McGraw-Hill Book Company, Inc., 1962.

This always valuable text is bigger (165 more pages) in this fourth edition, as well as better. It covers ordinary medical subjects in well written sections and includes also such rapidly changing topics as cytogenics and biochemical genetics. The index remains its weak spot and many will be irked when they turn to "peptic ulcer" and find "see ulcer". In addition, although there is a section on inborn errors of metabolism, it is indexed only under metabolism, with no cross-index. We also suggest that the pages of main discussion be printed in bold face.

T. R. Van Dellen, M.D.

(continued on page 280)

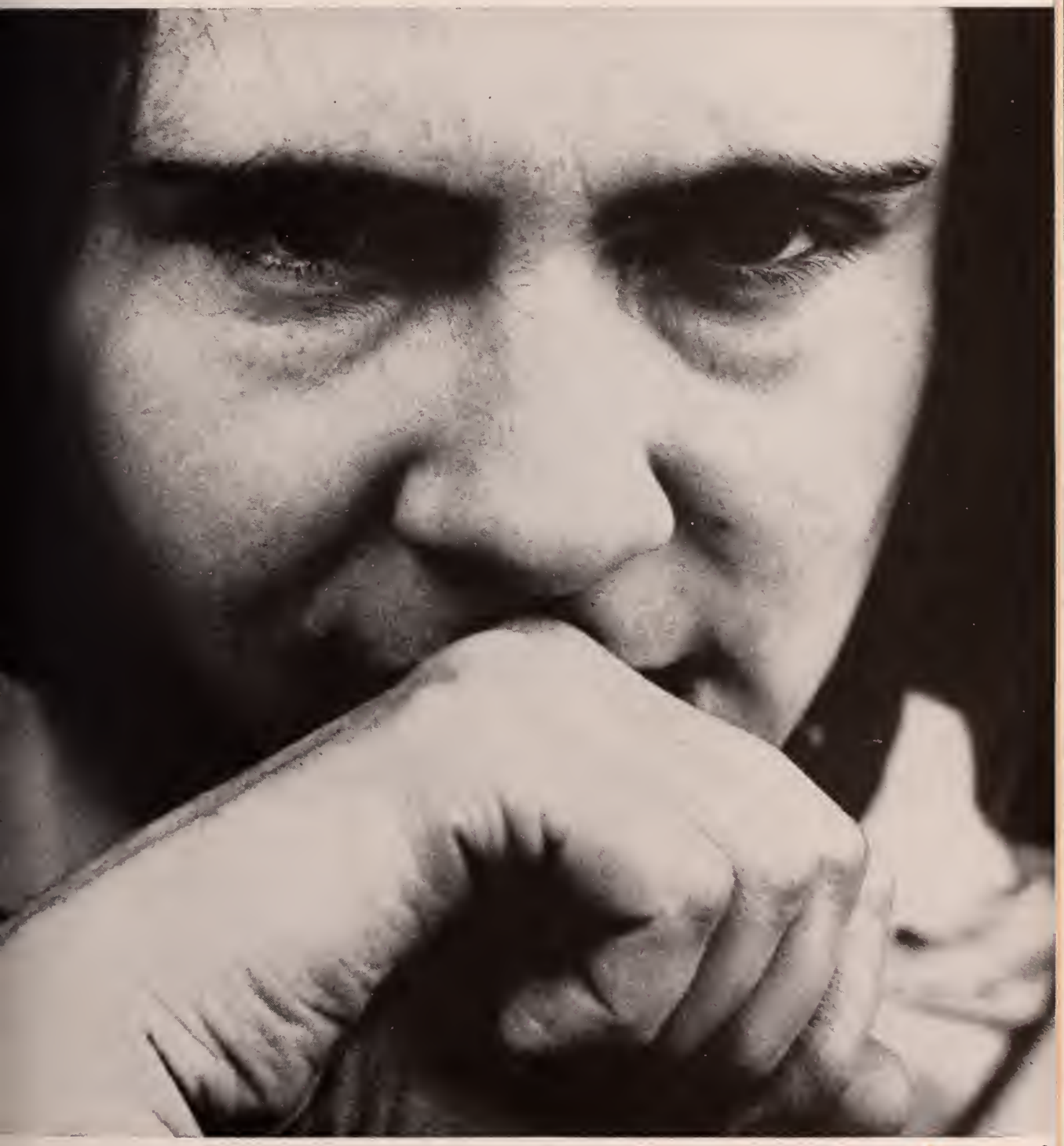
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*Alexander, F.: Psychosomatic Medicine, New York, W. W. Norton, 1950, p. 119

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(continued from page 278)

Advances in Rheumatic Fever. May G. Wilson, M.D. $10. Pp. 249. New York, Harper and Row, 1962.

Great honor has come to Dr. Wilson for her lifetime of devoted service to patients with rheumatic fever and for her collection of detailed information about the natural course of the disease as observed at the Cornell Medical Center. Her statistics on the survival of patients observed at the Clinic are remarkably complete and provide a good means for estimating the prognosis of the disease. This new book reviews her observations from 1940 to 1952 and constitutes a supplement rather than a revision of her former monograph (Rheumatic Fever; Studies of the Epidemiology, Manifestations, Diagnosis, and Treatment of the Disease during the First Three Decades, 1940) which reviewed her observations between 1916 and 1940. Few, if any, other physicians have had the opportunity to study the full natural course of the disease in so many patients.

Some of her concepts remain highly controversial: the genetic factor (an autosomal recessive gene), questioning of the role of streptococcic infection, criteria for the diagnosis of myocarditis, enzyme and antibody studies, and the effectiveness of the high-dose short-term corticosteroid treatment of acute rheumatic fever.

Although the book has been recommended for pediatricians, general practitioners, internists, and cardiologists, a rather thorough understanding of the field is necessary in order to distinguish between the well-established and the controversial concepts presented. It is, however, clearly and concisely written and well illustrated. It bridges the transition from a period in medical history when the outlook of patients with rheumatic heart disease included a long delay in diagnosis and a poor prognosis to a period where the diagnosis is likely to be established quite early and the life expectancy considerably improved.

William H. Wehrmacher, M.D.

Textbook of Ophthalmology. Francis Heed Adler, M.D. $9.00. 7th edition. Pp. 560, figs. 288, color plates 26. Philadelphia, W. B. Saunders, Co., 1962.

This new 7th edition of Adler's Textbook of Ophthalmology is the first that does not carry Sanford Gifford's name. This is entirely proper since Dr. Adler has revised Dr. Gifford's original textbook through four editions, and this fifth revision bears practically no resemblance to Dr. Gifford's original text. It is a most painstaking and thorough rewriting and much has been added to make this even more valuable than previous editions.

The first chapter is entirely new, and discusses the diseases of the eye from a point of view of symptomatology. This is a great value to the intern and general practitioner since he may now easily find the differential diagnosis of such things as painful red eye, lacrimation, sudden loss of vision, etc. Reference is made with each symptom to the appropriate section of the text where the entity is discussed.

Furthermore, the newer knowledge in general medicine has been included, and there is a discussion of pulseless disease, of connective tissue disease and diseases of the reticulo-endothelial system which did not appear in previous editions.

Unquestionably, this remains the best general textbook of ophthalmology for non-specialists. It is highly recommended to all medical students, interns and general practitioners.

David Shoch, M.D.

Electrocardiography: Fundamentals and Clinical Application. Louis Wolff, M.D. $8.50. Third Edition. Pp. 351. Philadelphia, W. B. Saunders Company, 1962.

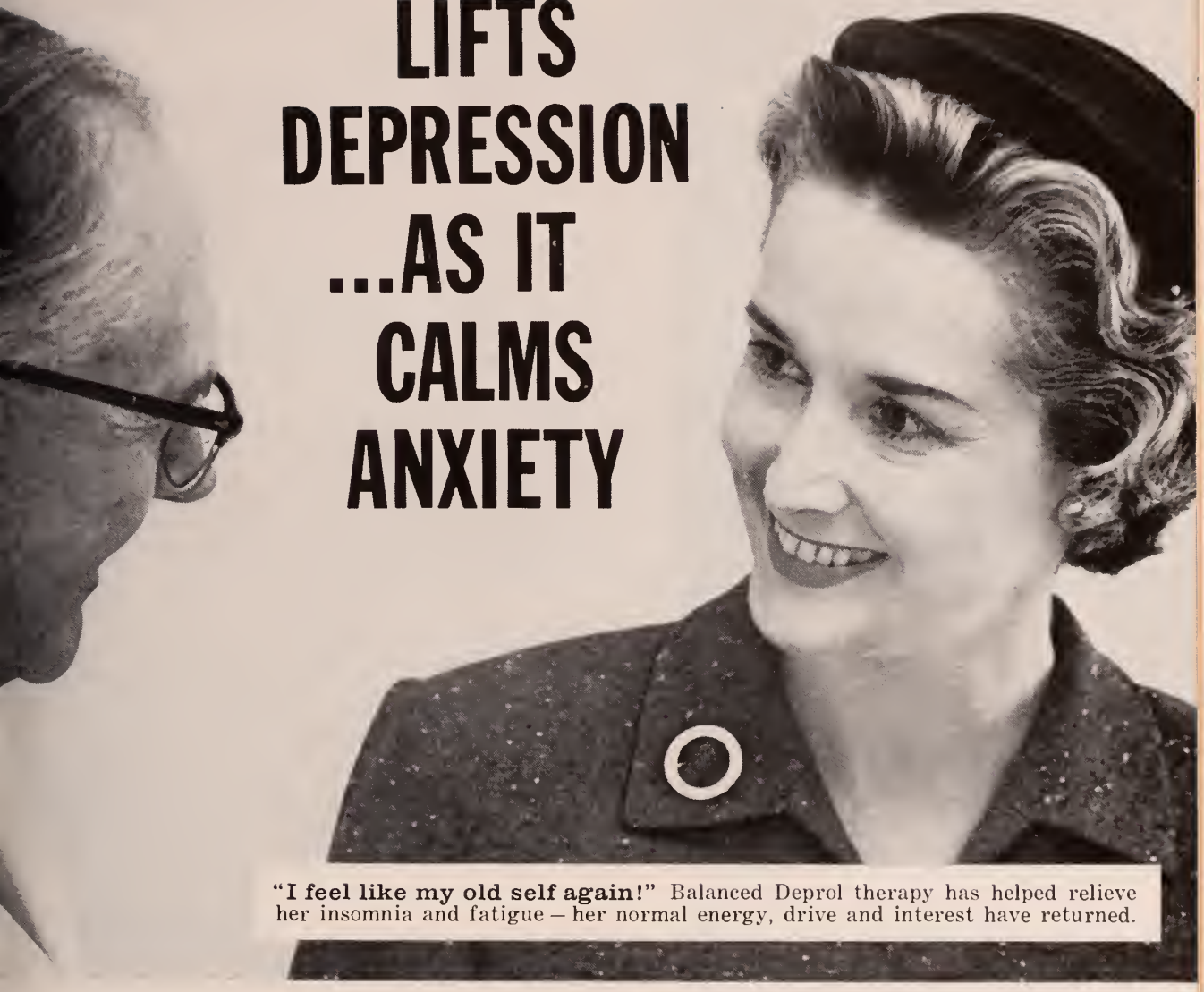
This third edition of an already well-accepted textbook of electrocardiography includes many excellent new illustrations, supplementing and replacing those of the previous edition. The author has brought the text up-to-date without appreciably increasing its length and has provided excellent examples both of the abnormalities commonly encountered and abnormalities not usually encountered but which demonstrate principles of electrocardiography. Cardiac arrhythmias, which received only cursory mention in the first edition, are more adequately outlined.

The book is reasonably difficult to read because of its scope and its rather ponderous style. Although the author discusses most of the accepted concepts of electrocardiography, he presents a very limited perspective of the controversial ones without specific references to support them. The omission of references was probably better justified in the first edition in order to keep it a little book, half the size of the present one; but the reader who is willing to devote the time necessary to study this more comprehensive volume might also be expected to inquire into the sources of the concepts.

Like the second edition, this book is conveniently divided into three parts: Basic principles; clinical electrocardiography; and the cardiac mechanism. The index distinguishes the pages where illustrations can be found from those where only descriptive material is available and thus is particularly helpful to the physician during an emergency when no expert may be available to interpret an electrocardiogram. Physicians whose training does not exceed the scope of such texts as this are probably not qualified to make final interpretations of electrocardiograms, although with this book as a foundation, the novice can begin to build a solid understanding of electrocardiography. It is not suitable for specialists or for reference use.

William H. Wehrmacher, M.D.

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Detection of *bilirubin in urine* may be an early elue to liver disorders sueh as infeetious hepatitis — even *before* clinical signs appear. While patients with viral hepatitis may have bilirubin in their urine *without* clinical jaundiee, all patients who do become jaundiced have bilirubinuria *before* their jaundiee is clinieally observable. (Also, the intensity and duration of urine bilirubin test reactions serve as a rapid means of determining the residual aetivity of viral hepatiitis.) Therefore, a simple test for bilirubinuria beeomes a highly useful aid in the control of viral hepatitis.

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References: (1) Ernst, E. M.: Current Therap. Res. **3**:167, 1961. (2) Starling, R. J.: J.M.A. Georgia **50**:442, 1961. (3) Sprogis, G. R.: Current Therap. Res. **3**:393, 1961. (4) Coffee, H. L.: Clin. Med. **69**:1561, 1962. (5) Mattey, W. E.: Indust. Med. **31**:33, 1962.

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Section on Allergy (Tuesday, May 14, a.m.)

Samuel M. Feinberg, Professor of Medicine, Northwestern University.
Topic: "Allergic Contact Dermatitis".

Allan L. Lorincz, M.D., Professor of Dermatology,
University of Chicago.
Topic: "Solar Urticaria".

Felix Milgrom, M.D., Associate Professor of Bacteriology,
State University of New York at Buffalo.
Topic: "Auto-immunity — Human Diseases and Animal Experiments".

Adolph Rostenberg, M.D., Professor of Dermatology and
Head of Dept. University of Illinois College of Medicine.
Topic: "Pathogenesis of Drug Reactions".

Stephen Rothman, M.D., Professor Emeritus of Dermatology,
Argonne Cancer Research Hospital, University of Chicago.
Topic: "Skin Sensitivity to Cold".

Section on Anesthesiology (Monday, May 13, p.m.)

Reuben C. Balagot, M.D., Professor of Anesthesiology, University of Illinois College of Medicine; Assistant Head of Division of Anesthesiology, University of Illinois Research and Education Hospitals.
Topic: "The DC Defibrillator".

°**Robert G. McIver**, M.D., Major, Medical Corps, USAF; Physiology Dept., School of Aerospace Medicine, Brooks AFB, Texas.
Topic: "Respiration Under Increased Barometric Pressure".

Ronald Rosenberg, M.D., Assistant Professor, Anesthesiology,
University of Illinois College of Medicine; Attending Anesthesiologist, U. of I. Research and Education Hospitals.
Topic: "Further Studies on the Immediate Post-Operative Period".

Max S. Sadove, M.D., Professor of Anesthesiology, University of Illinois College of Medicine; Head Division of Anesthesiology,
University of Illinois Research and Education Hospitals.
Topic: "Laboratory & Clinical Studies of Some Newer Narcotics".

°**Arthur B. Tarrow**, M.D., Col. MC, USAF, Director of Medical

*not confirmed.

(Continued on page 286)



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(Continued from page 284)

Education, Aerospace Medical Division, Lackland AFB, Texas.
Topic: "The 25 Gauge Spinal Needle".

Section on Dermatology (Tuesday, May 14, a.m.)

Harold O. Perry, M.D., Rochester, Minnesota.
Topic: "Tumors of the Skin" — Photo clinic.
John B. Haeberlin, Jr., M.D., 55 East Washington, Chicago.
Topic: "Infections of the Skin" — Photo clinic.

Section on EENT (Tuesday, May 14, p.m.)

Helmut Blumenthal, M.D., 9127 South Exchange, Chicago.
Panel — "Injuries of the Face, Orbit, Jaws and Neck — Emergency Care and Definitive Treatment". Also on Panel —
Paul Holinger, M.D., 700 North Michigan, Chicago;
G. Kenneth Lewis, M.D., 6 North Michigan Avenue, Chicago; and
Oscar Becker, M.D., 30 North Michigan Avenue, Chicago.

Section on Ob-Gyn (Tuesday, May 14, a.m.)

John C. Ullery, M.D., Professor and Chairman, Ob-Gyn, Ohio State University, School of Medicine.
Topic: "Diagnosis and Treatment of Urinary Stress Incontinence".
Orlando J. Miller, M.D., Assistant Professor, Ob-Gyn, College of Physicians and Surgeons, Columbia University, New York 32, New York.
Topic: "Chromatin and Chromosomes for Clinician".
John Huffman, M.D., Associate Professor, Ob-Gyn, Northwestern University School of Medicine.
Topic: "Adolescent Bleeding: Diagnosis and Treatment".
Harold Kaminetzky, M.D., Associate Professor, Ob-Gyn, University of Illinois College of Medicine.
Topic: "Diagnosis and Treatment of Carcinoma of the Cervix".
Matthew J. Bulfin, M.D., Chairman, Dept. Ob-Gyn, Little Company of Mary Hospital, Evergreen Park — Chairman, Suburban Cook County Committee on Maternal and Infant Welfare.
Topic: "Lessons Learned from Perinatal Death Studies".

Section on Pediatrics (Wednesday, May 15, a.m.)

Murray Davidson, M.D., Associate Professor of Pediatrics, Albert Einstein College of Medicine, New York City.
Topic: "Persistent Diarrhea in Children".
Lytt I. Gardner, M.D., Professor of Pediatrics, State University of New York at Syracuse.
Topic: "Environmental Hazards to Children In the New World".
Robert B. Lawson, M.D., Chairman of Pediatrics, Northwestern University.
Topic: "Treatment in Pediatric Practice".
Gerhard Nellhaus, M.D., Assistant Professor of Pediatrics and

(Continued on page 288)

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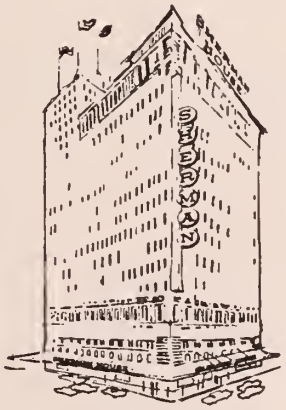
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(Continued from page 286)

Neurology, University of Illinois College of Medicine.
Topic: "The Brain Injured Child".

Section on Physical Medicine and Rehabilitation (Tuesday, May 14, p.m.)

Mieczyslaw Peszczynski, M.D., Chief of Physical Medicine & Rehabilitation, Highland View Hospital, Cleveland, Ohio.
Topic: "Physical Medicine in the Treatment of Stroke Patient".

Section on Neurology and Psychiatry (Monday, May 13, p.m.)

Francis J. Gerty, M.D., Director of the Department of Mental Health, State of Illinois.
Topic to be announced.
Eric Oldberg, M.D., 24 South Michigan, Chicago.
Topic to be announced.

Section on Radiology (Tuesday, May 14, p.m.)

J. H. Juhl, M.D., Professor Radiology, University of Wisconsin.
Topic: "Roentgenographic Comparison of the Normal and Post-traumatic Cervical Spine".

Section on Surgery (Monday, May 13, p.m.)

R. Kennedy Gilchrist, M.D., 122 South Michigan, Chicago.
Topic: "Reoperative Problems of Colon and Rectum".
Charles Rob, M.D., Professor and Chairman, Surgery, University of Rochester School of Medicine and Dentistry, Rochester, New York.
Topic: "Atherosclerosis of Extracranial Cerebral Arteries".
J. C. Thomas Rogers, M.D., Carle Clinic, Champaign, Illinois.
Moderator: "Surgical Management of Colon Diseases".
Peter A. Rosi, M.D., 4753 North Broadway, Chicago.
Topic: Polyps and Carcinoma of the Colon".
Orvar Swenson, M.D., 707 West Fullerton, Chicago.
Topic: "Congenital Lesions".

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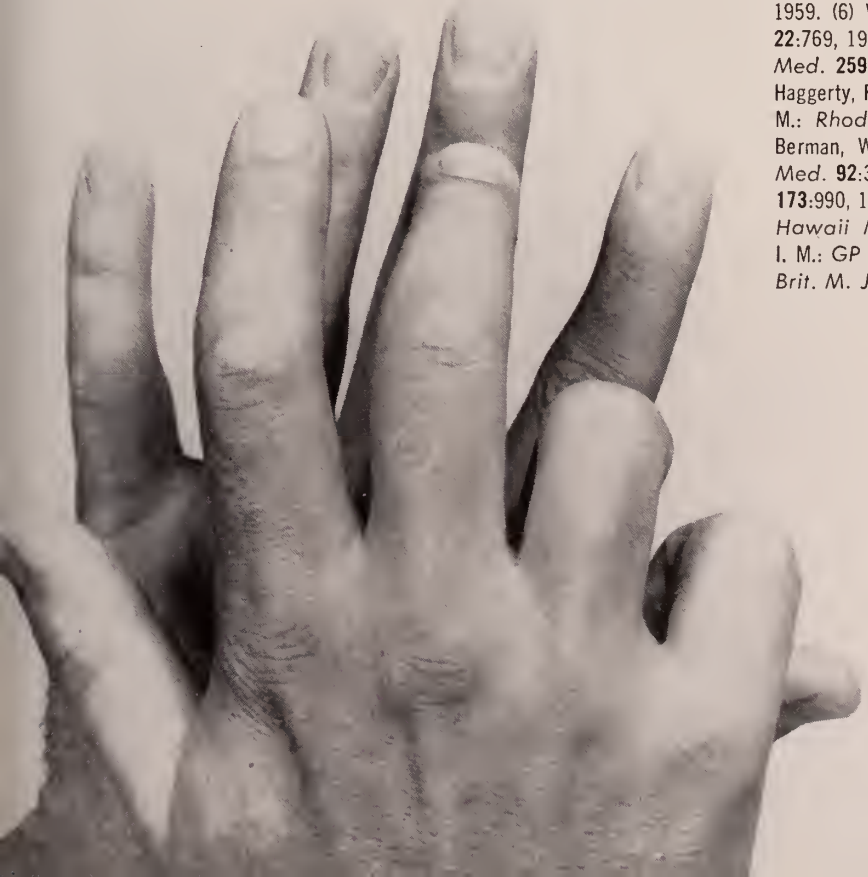
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References: (1) Thacher, H. C., & Fishman, L.: *J. Maine M. A.* **52**:84, 1961. (2) Hopkins, E. W.: *Postgrad. Med.* **29**:451, 1961. (3) Hall, W. H.: *M. Clin. North America* **43**:191, 1959. (4) Krugman, S.: *Pediat. Clin. North America* **8**:1199, 1961. (5) Ede, S.; Davis, G. M., & Holmes, F. H.: *J.A.M.A.* **170**:638, 1959. (6) Wolfsohn, A. W.: *Connecticut Med.* **22**:769, 1958. (7) Calvy, G. L.: *New England J. Med.* **259**:532, 1958. (8) Hendren, W. H., III, & Haggerty, R. J.: *J.A.M.A.* **168**:6, 1958. (9) Cutts, M.: *Rhode Island M. J.* **43**:388, 1960. (10) Berman, W. E., & Holtzman, A. E.: *California Med.* **92**:339, 1960. (11) Vetto, R. R.: *J.A.M.A.* **173**:990, 1960. (12) Sia, C. C. J., & Brainard, S. C.: *Hawaii M. J.* **17**:339, 1958. (13) Rosenthal, I. M.: *GP* **17**:77 (March) 1958. (14) Gaisford, W.: *Brit. M. J.* **1**:230, 1959.

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Hycodan®	6.5 mg.
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PULSE of the Illinois State Medical Society

and Illinois Auxiliary News

March, 1963 *Illinois Medical Journal*

'Strike Back at Stroke' Conference Attracts Over 100 Participants

Growing interest in the rehabilitation of stroke patients prompted the Adams County Medical Society recently to co-sponsor three "Strike Back at Stroke" conferences at the St. Mary and Blessing hospitals in Quincy.

The result? More than 100 physicians, nurses, therapists and rehabilitation workers from throughout the Adams County area participated, according to Program Chairman Kenneth Keeton, M.D., Quincy.

Since the final session dealt with home care of the stroke patient and utilization of community resources, the conference was opened to interested laymen and attracted a large audience.

Purpose of the three-program series — conducted Feb. 6, Feb. 20 and March 6 in cooperation with the Adams County Health Department and the Heart Association — was to discuss and augment rehabilitation programs for stroke patients.

Psychiatric Problems Topic of Knox Meeting

The Knox County Medical Society in conjunction with the Galesburg State Research Hospital and the Illinois Psychiatric Society will conduct a meeting on the "Recognition and Practical Management of Psychiatric Problems" for all interested Illinois physicians. The meeting will take place at the Harbor Lights Restaurant in Galesburg from 2-5 p.m., Saturday, April 13.

C. H. Hardin Branch, M.D., President of the American Psychiatric Association will be principal speaker and Jules H. Masserman, M.D., past president of the American Academy of Psychoanalysis, will be main discussant.

Legislative Conference Promotes Physician Civic Participation



STATE SENATOR GEORGE E. DRACH (R-Springfield) chats with Newton DuPuy, M.D., Quincy, chairman of the ISMS Board of Trustees, and W. C. Bornemeier, M.D., Chicago, speaker of the ISMS House of Delegates, at the ISMS dinner held in honor of the 73rd General Assembly, Feb. 19, in Springfield. The dinner followed the Annual ISMS Legislative Conference.

If attendance at the Annual ISMS Legislative Conference is any indication, Illinois physicians are showing a growing interest in public affairs.

The conference, held Feb. 19 at the St. Nicholas Hotel in Springfield, was considered one of the most successful in history as it attracted more than 160 physicians and guests from virtually every county medical society in the state.

Among the highlights of the day-long affair was a reception and dinner for members of the 73rd General Assembly, an event which drew a near-capacity crowd of about 475.

The purpose of the conference was to consider the responsibilities of medicine in public affairs and to stimulate physicians to take a more active role in local and state matters.

Among the principal speakers were:

Ernest B. Howard, M.D., assistant executive vice-president, AMA, Franklin D. Yoder, M.D., director, Department of Public Health; William S. White, LL.D., director, Department of Registration and Education; Francis P. Gerty, M.D., director, Department of Mental Health; and Vincent P. Collins, M.D., professor of therapeutic radiology, College of Medicine, Baylor University.

Dr. Howard briefed the listening physicians on impending fed-

(continued p. 3)

Your Editor Reports . . .

Greetings to all auxiliary members!

Your editor wants to thank all of you who have been so kind and faithful in sending articles to the Pulse.

The last two months we have been in the growing pain stage, and much reorganization has taken place — we are settled down now to a regular routine, and would like all future news items to be sent directly to Mrs. George Buttemiller, 1230 Thornbury Lane, Libertyville.

The spring Board Meeting will be held at the Leland Hotel, Springfield, Monday, March 18 from 9:00 a.m. to 3:00 p.m.

The convention plans are about complete, and the program promises to be exciting and interesting — thanks to Mrs. John Koenig, chairman. The greatest reward for all her hard work would be 100 per cent attendance — do try to make the effort this year to bring your husband to the convention.

Highlights include Mrs. C. Rodney Stoltz's address "Power Unlimited" at 11:30 a.m. Tuesday, May 14. The Night Club Tour starts at 6:30 p.m. Tuesday. On Wednesday at 11:30 a.m. Dr. Frederick J. Stare, Chairman, Dept. of Nutrition of Harvard University School of Public Health, talks about "Nutritional Nonsense." On Thursday Morning we will hear about "The Doctor's Wife" from Dr. E. T. Edwards of Vincennes, Indiana, and at the Installation Luncheon Dr. Russell B. Roth from Erie, Penn. has an interesting program "What's So Funny About Practicing Medicine?"

Each and every session should prove very interesting and educational. Mark your calendar right now for May 13-16 and we'll all meet at the Sherman House.

See you then!

Mrs. George Buttemiller Editor



AWKWARD AUCTION OF TREMENDOUS TREASURES sponsored recently by the Auxiliary to the Winnebago County Medical Society raised over $250 for the Benevolence Fund. Doris Haffman (left) and Betty Page (right) the enterprising Ways and Means and Benevolence Chairmen are shown rearranging the treasures for the Auction. President-elect Barbara Keeling and Jean Van Landingham served as auctioneers.



MRS. FRED C. ENDRES, PEORIA HEIGHTS, co-chairman of the ISMS Auxiliary Legislative Committee, discusses a legislative issue with Kenneth H. Schnepp, M.D., Springfield, a member of the Medical Examining Board of the Department of Registration and Education, at the Annual Legislative Conference held Feb. 19 in Springfield. Both Mrs. Endres and Dr. Schnepp were among the speakers.

President's Message

Throughout history men have used symbols of the elements to tell the story of human struggle. Earth, water, air, and fire are powerful forces in life. It is interesting and instructive for us to apply these symbols as they relate to activities of our Auxiliary.

Earth is the key to the physical structure of our organization. The activities of Legislation, Membership, Benevolence, International Health Activities, Community Service and Mental Health form the basis for all activities.

Like water, the amount of power of the organization can be determined by the degree of control and direction applied.

"Give me air" is the demand of man to go beyond his restrictions. It is the source of his search for knowledge used for the growth and protection of life. It can be pursued through the activities of Rural Health, Health Careers, Safety, Publications, AMA-ERF, and Civil Defense.

As fire is used to produce warmth and light for all men, the flame of the Auxiliary produced by your actions produces the warmth and light of concern and knowledge.

Mrs. Eunice Raller, President

Final Tour Offer

Final reservations for the ISMS jet tour to Europe July 25-August 15 are now being accepted.

Transportation by Pan-American World Airways will be $385 round trip. Several tours are being planned or independent arrangements may be made. However, all arrangements must be made through the ISMS office.

The $385 fare covers the transportation from Chicago to London to Chicago.

A joint clinical conference is planned for the ISMS with the British Medical Association July 27.

Conducted tours are being planned for the Southern European area, the Scandinavian countries and one incorporating Israel, Italy, France.

Further information may be obtained from the January and February issues of the Illinois Medical Journal or by writing Tour Accommodations, ISMS, 360 North Michigan Avenue, Chicago 1, Illinois.

Medical Societies Urged to Utilize Facilities Of Local Radio Stations for Public Service

If your county medical society is not utilizing the facilities of its local radio stations to their fullest extent, it's passing up a golden public relations opportunity, according to Robert E. Heerens, M.D., chairman of the ISMS audio-visual subcommittee.

"A recent ISMS survey indicates that medical programs are in great demand by radio stations," Dr. Heerens said, "and they can use all the medical news, interviews and public service 'spots' available.

"As a result, we urge county societies to explore public service opportunities with their local stations. In most cases, station officials will welcome you with open arms," he said.

According to the survey, about 67 per cent of the Illinois stations will make their facilities available for medical programs, health messages or physician interviews if requested.

They are especially receptive to airing 30-second public service health messages, Dr. Heerens pointed out. "Though 90 per cent of them prefer the half-minute spots, 41 per cent will also use 60-second spots, while 23 per cent expressed an interest in 20-second messages.

"The opportunity is there. All we have to do is take advantage of it."

County Societies May Request Radio Spots

County societies seeking free public service radio time from their local stations will receive a helping hand from the ISMS, according to PR Committee Chairman Leo P. A. Sweeney, M.D.

"Starting April 1, ISMS will make available a monthly package of 30-second radio spots which county societies may 'sponsor' daily on their local stations," Dr. Sweeney said.

The spots, to be mailed in groups of 30, will be in script form and cover a wide variety of subjects — ranging from seasonal tips on frostbite and the common cold to practical advice on nutrition and athlete's foot.

"They are currently being broadcast by ISMS President George F. Lull, M.D. on Station WJJD, Chicago, and bring ISMS more than $4,000 free public service time each month," Dr. Sweeney said.

County societies interested in obtaining these spots should write to the Public Relations Division, Illinois State Medical Society, 360 N. Michigan, Chicago 1.



THOUGH ILLINOIS SCHOOL CHILDREN continue to receive periodic exominotions ond voccinotions occording to stote low, physicions ore seriously concerned over widespreod public opothy toword contogious diseoses. As o result, ISMS is studying plons for o stote-wide educotionol compoign designed to stomp out public complocency ogoinst the so-colled "conquered" diseoses, os smollpox, tuberculosis, etc. Above, P. W. Sowyer, M.D., Konkokee, odministers smollpox voccinotions to Suson Powell, 8, while her sister, Roxonne, 9, looks on. *(Konkokee Journol photo)*

Legislative Conference

(cont.)

eral legislation and gave the basic AMA stand concerning federalized medicine.

Drs. Yoder and Gerty told of the health needs of the state as a whole. Dr. Yoder discussed air pollution and other existing health problems. Dr. Gerty stressed that local mental health problems can best be solved on the local level. "We must accommodate to our own particular needs", he said.

Dr. White told of the Department of Registration and Education's plan to increase license fees.

Dr. Collins, the luncheon speaker, discussed "The Doctor and the Law."

Discuss Aerospace Medicine



THE ANNUAL AEROSPACE MEDICAL PROGRAM was recently presented by the McLeon County Medicol Society's Aerospace Medical Committee. Lieutenont Colonel Joseph A. Connor, Jr., Assistant Directar Space Medicine, Office of Manned Space Flight, Natianal Aeronoutics and Space Administration (center) addressed the society on the generol medical aspects of the manned space probe program. He is shown here with Dr. G. B. McNeely (left) choirmon of the Committee ond Dr. Justin C. McNutt (right) president of the society. This Committee is believed to be one af the few county societies of its type and, in oddition to presenting this annual program, attempts to keep the County Medicol Society informed on odvances in Aerospace Medicine.

PERSONAL P.R.

How often have you heard the expression "Good public relations begins with the individual physician?" In large measure this is true. Because of this importance of individual physician performance on the total image of medicine, the PULSE begins, in this issue, a series of articles devoted to your "personal P.R." The articles are edited by the Public Relations Committee from "The Human Side of Medical Practice," published by the AMA.

The Ideal Doctor

What makes an "ideal doctor"? Many folks speak nostalgically of the "old family doctor" — the combination physician, father-confessor and friend, but often he had more sympathy than skill to offer. It is from fond memories of the horse-and-buggy doctor, however, that people draw their conception of the ideal doctor.

To the patient, a good physician is "gentle, kind, even-tempered, always available, tireless, inexhaustibly patient, everlastingly resourceful, and, up to this morning's radio broadcast, completely informed."

A good doctor-patient relationship, often termed "the most important factor in the practice of medicine," depends upon not only giving people the best possible medical service, but in maintaining their confidence and friendship. Too often patients complain that "doctors are cold and impersonal." How do you win the affection and friendship of the patient? Through frank and friendly attention, relief of pain and ease of mind, but above all, by treating patients as people.

Patients want to feel they are important to the doctor as people — not just as clinical cases. Says one physician: "Be glad to see patients, even if you are a little tired; be frank, be prompt, never give the impression you are doing the patient a favor." Skill is no substitute for kindness.

Cold, calculating science can never replace the warmth of a sympathetic personality. Healing the body is not enough. If a physician is to fully meet his medical responsibilities, he must comfort the soul, too. This is no task for the psychiatrist alone. It is the plain duty of every practicing MD.

Regional PR Workshop April 17 in Springfield

How can county societies obtain better cooperation from the local press . . . co-ordinate a successful speakers bureau . . . initiate radio and TV programs in their areas?

To what extent can it utilize the services of ISMS and the Health Careers Council?

Exploration of these and other common public relations problems will form the basis of the first annual ISMS Regional Public Relations Workshop to be held April 17 at the Leland Hotel in Springfield.

The program, sponsored by the ISMS PR committee — Leo P. A. Sweeney, M.D., chairman — is expected to attract more than 100 physicians and administrators from throughout central Illinois. Registration is scheduled for 9:30 a.m., with the first session designated for 10:00 a.m.

Purpose of the workshop is to familiarize county society officials and PR committee chairmen with ISMS activities and to aid them in initiating and implementing successful PR projects on the local level.

Project Hope



ISMS CITED: In oppreciation for the $3,26 contributed to the People-to-People Heal Foundation, Project Hope, by Illinois Sta Medical Society members, William B. Wals M.D. (right) — founder and president Project Hope — during o recent visit Chicago presented the society with a certi cate of appreciatian. Geargе Turner, M.D ISMS vice-president, accepted the certifico on beholf of the society.



Rx Review

Anti-Cancer Agent

A chemical compound related to the nitrogen-mustard family of anti-cancer drugs has been released commercially for use by physicians in the treatment of certain types of cancer, officials of The Upjohn Company have announced.

The drug, **Uracil Mustard,** has been under investigation for over four years. It is by no means a cure-all and its use is limited. However, it appears to have particular value in certain cancerous disorders of white-blood-cell-forming tissues such as chronic leukemia and Hodgkin's disease, and occasionally in the treatment of some solid tumors. It is not indicated for patients with acute leukemia.

In 100 patients with hematologic disorders the drug was most effective in causing subjective and objective improvement in those with Hodgkin's disease, lymphosarcoma, chronic lymphocytic leukemia and chronic granulocytic leukemia.

Among 30 patients with solid tumors, three with ovarian carcinoma "showed subjective improvement and regression of tumor masses." Results in cancer of breast, lung, stomach, and other sites were largely of no benefit.

The most common side effects noted were nausea, vomiting, anorexia and epigastric distress, mostly in patients on large doses. A relatively small number (12) complained of pruritus, and even fewer of other dematological manifestations; a few patients became irritable or depressed. None of the toxic manifestations were of sufficient magnitude to warrant permanent cessation of therapy.

New Infant Formula

Wyeth's **S-M-A formula S-26** is now available nationally. Introduced on a regional basis several months ago, the new infant feeding formula has been in limited production pending construction of a unique processing plant at Appleton, Wisc. The new plant, which produced a key component of the new formula, is now in full-scale production.

Offered both as a powder and a liquid, S-26 is sold through pharmacies and hospitals.

Local Anesthetic

A total of 1,084 nerve blocks has demonstrated that Winthrop's **Carbocaine,** a local anesthetic, has "a very rapid onset of action and a long duration," plus a high level of safety, according to Drs. Vincent J. Collins and Emery A. Rovenstine of Chicago's Cook County Hospital and New York University-Bellevue Medical Center, respectively.

The agent was used both for therapeutic and surgical purposes in 829 patients ranging in age from 17 to 88 years. In the category of anesthesia for surgical procedures, Carbocaine was administered mostly for brachial, caudal, epidural, femoral and sciatic blocks.

Complete anesthesia was obtained in 85 per cent of the surgical anesthesia blocks, compared with 65 per cent satisfactory results with other local anesthetic agents. Under normal clinical circumstances, Drs. Collins and Rovenstine point out, Carbocaine is dependable and "shows superiority over lidocaine and hexylcaine."

The agent was found to be effective in concentrations of 0.5 per cent to 2.0 per cent. The 1.0 per cent concentration provided complete sensory blockade of all small and intermediate-sized nerves and most large nerves. A 2.0 per cent solution gave complete sensory and motor blockade of any nerve group. Anesthesia was usually produced in peripheral nerves in one to two minutes. Sensory anesthesia appeared in brachial blocks in three to five minutes, and "nearly always permitted operation within eight to ten minutes." Caudal blocks were almost always complete in 10-12 minutes. Surgery could be performed for a period of two to two and one-half hours. Only two of the 829 patients experienced reactions that caused any concern.



DR. GEORGE E. MILLER, director of research in medical education, shows a medical student in the University of Illinois College of Medicine how to use the new Auto-Tutor teaching machine which the college is studying.

Teaching Medicine by Machine

Can "teaching machines" be used to save time and effort for professors in medical colleges? Using a $61,465 grant from the United States Public Health Service, the University of Illinois College of Medicine in Chicago is working on an answer to this question.

"Mechanical teaching devices may be able to free instructors from routine tasks of introductory instruction and allow them to devote the time saved to individual needs of individual students," according to Dr. George E. Miller, director of Research in Medical Education for the University.

The first of the teaching machine programs completed by the group was prepared by Dr. Arnold V. Wolf, professor and head of the Department of Physiology, in collaboration with Norman Crowder, a distinguished figure in the field of educational programming. This program on body fluid metabolism is equivalent to material delivered in a series of five lectures. It will be tested as a substitute for the lectures during the Spring quarter at the University of Illinois College of Medicine and two other medical schools outside the state.

The machine presently being used by the College of Medicine looks something like a compact television set consisting of a viewing screen and a row of vertical buttons that activate a microfilm projector.

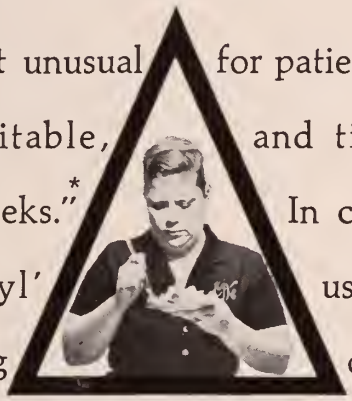
The student sits before the screen and views a written page of script. After reading the material he finds a question at the bottom with a choice of several answers. He pushes that button which corresponds to the letter identifying the answer he has selected. A new page of script now appears. If he has chosen the right answer, he is given additional information and asked to solve another problem based on the material he has learned. However, if the answer is wrong, remedial instruction, which will help to correct his efforts is offered. Each student can proceed at his own rate.

Additional courses are now in various stages of programming. As each program is completed, it will be tested against more traditional forms of instruction to determine the relative effi-

(Continued on page 298)

WHAT IS SO IMPORTANT ABOUT THE MOOD-ELEVATING EFFECT OF DEXAMYL® IN OVERWEIGHT?

"It is not unusual for patients on a low-calorie diet to feel low, irritable, and tired during the first two or three weeks."* In contrast, the dieting patient on 'Dexamyl' usually gains a brighter outlook, a feeling of energy and general well-being, and, most important, confidence that she really can lose weight after all! In addition to its mood effect, one 'Dexamyl' Spansule® sustained release capsule taken in the morning effectively curbs appetite all day—both at and between meals.





Matlin, E.: The Obvious in Obesity, Clin. Med. 8:1071 (June) 1961.

FORMULA: Each 'Dexamyl' *Spansule* capsule No. 2 contains 15 mg. of Dexedrine® (brand of dextro amphetamine sulfate) and 1½ gr. of amobarbital, derivative of barbituric acid [Warning, may be habit forming]. Each 'Dexamyl' *Spansule* capsule No. 1 contains 10 mg. of 'Dexedrine' (brand of dextro amphetamine sulfate) and 1 gr. of amobarbital [Warning, may be habit forming]. The active ingredients of the 'Spansule' capsule are so prepared that a therapeutic dose is released promptly and the remaining medication, released gradually and without interruption, sustains the effect for 10 to 12 hours.

INDICATIONS: (1) For control of appetite in overweight; (2) for mood elevation in depressive states.

USUAL DOSAGE: One 'Dexamyl' *Spansule* capsule taken in the morning for 10- to 12-hour therapeutic effect.

SIDE EFFECTS: Insomnia, excitability and increased motor activity are infrequent and ordinarily mild.

CAUTIONS: Use with caution in patients hypersensitive to sympathomimetic compounds or barbiturates and in coronary or cardiovascular disease or severe hypertension.

SUPPLIED: Bottles of 50 capsules.

Smith Kline & French Laboratories SK&F *Prescribing information October 1962*

ciency of alernate methods. Although the programs are designed primarily for instruction of undergraduate medical students they may also be useful in teaching interns and residents, and as refresher courses for physicians in practice.

M.D.'s in the News

Dr. R. K. Richards, professor of pharmacology at Northwestern University has been named professor emeritus — but not at Northwestern. This rare honor has been paid by the University of Hamburg, Germany in recognition of Dr. Richards' international reputation in pharmacology.

Dr. Richards was at Hamburg University before he left Nazi Germany in the mid-1930's joining the Northwestern faculty in 1945. Since the war, he has often returned to lecture at Hamburg and elsewhere in Europe.

He is consultant in medicine at St. Francis Hospital, Evanston; director of that hospital's poison control center, and director of experimental therapy at Abbott Laboratories, North Chicago.

ISMS in New Delhi

Among the more than 150 physicians and guests from the United States who were in New Delhi attending the Seventh International Congress on Diseases of Chest recently were Dr. Charles K. Petter of Waukegan, President-Elect of the American College of Chest Physicians and chairman of the ISMS Tuberculosis Committee and Dr. William E. Adams, vice-chairman of the Committee, a member of the Board of Trustees and Chairman, Dept. of Surgery, School of Medicine, University of Chicago.

Begin Campaign On Respiratory Diseases

Medical advisors of the Tuberculosis Institute of Chicago and Cook County have approved the mailing of a special packet of materials to practicing physicians in preparation for the Institute's first educational campaign on non-tuberculosis respiratory diseases starting May 1.

Dr. Eugene Walsh, chairman of the Institute's newly formed respiratory disease committee announced that a total of 7,200 members of the Chicago and Cook County medical societies will receive a booklet prepared by the American Thoracic Society and a list of hospital-clinic facilities to which patients may be sent for special tests.

The educational campaign will be aimed at alerting the public that chronic cough and shortness of breath are two symptoms common with most chronic respiratory diseases. The private physician will be the main resource to whom the public will turn for information or service as the campaign message is "Cough too much? Short of Breath? You may have a respiratory disease. Don't take chances. Get an X-ray. See your doctor."

Elections

Dr. Edward M. Dorr, Chicago, has been elected president of the Illinois Association for Maternal and Infant Health. Dr. Joseph B. Christian was elected president elect at the recent meeting of the Association in Springfield. Dr. Stuart Abel is immediate past president.

Dr. Theodore J. Wachowski of Wheaton was installed recently as the president of the American College of Radiology at the group's annual meeting in Chicago.

Grants

The University of Illinois College of Medicine in Chicago has received over a quarter of a million dollars in research grants recently. The total includes nine grants — eight from the United States Public Health Service and one from the E. I. duPont de Nemours & Company. The duPont grant for $25,000 went to Dr. George G. Jackson in the Department of Medicine for a project titled "Antiviral Chemotherapy."

The largest grant, $92,630, went for equipment to support cardiovascular research. This grant, and one to study "Myocardial Oxygen Availability in Heart Failure" are under the direction of Dr. Harry A. Bliss of the Department of Medicine.

The grant for a study of Adequacy of Tissue Perfusion During Cardiac By-pass will be supervised by Dr. Ormand Julian in the Department of Surgery while a study of Hemorrhagic

Disease in Infants and Children will be directed by Dr. Irving Schulman in the Department of Pediatrics. In the Department of Psychiatry a grant for a project titled "Emotional Factors Related to Cancer of Breast" will be under Dr. Kalman Gyarfas. Dr. Jay B. Best in the Department of Physiology will supervise a grant for a project on "Physiology and Biochemistry of Learning." Other grants include a study of "Metabolism of Alipathic Alcohols" supervised by Dr. Martin Schulman in the Department of Pharmacology and a projected titled "The C-p bond as Sole P Source for Bacterial Growth" supervised by Dr. Edward Titchener in the Department of Biochemistry.

The John A. Hartford foundation, Inc. of New York has awarded a grant of $233,168 to the Department of Physiology of the University of Chicago for research on normal and malignant growth. The funds will be used over a three-year period for research on a series of fundamental problems, including the mechanisms by which some hormones influence growth.

Presbyterian-St. Luke's Hospital has been awarded two Public Health Service grants totaling $121,730 for research to be performed in the Division of Pathology. Dr. Raymond A. Clasen has been named chief investigator of a five-year project to study prevention and treatment of swelling and hemorrhages within the brain. He received the grant from the National Institute of Neurological Diseases and Blindness.

Dr. Reuben Eisenstein has been granted a five-year study to study calcification of arteries by electron microscopic and chemical means. The National Heart Institue of the Public Health Service made the grant.

TB Prescriptions to be Filled Free of Charge

Chicago tuberculosis patients in care of private physicians can now get their medication without charge. This announcement was made

Nervous
Geriatrics



Mental
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Est. 1909

RESTHAVEN

This modernly equipped institution located in the beautiful Fox River Valley 35 miles west of Chicago, cooperates with physicians to the fullest extent.

It provides accommodations for 100 patients in single and double rooms. Resthaven accepts patients as guests, voluntary, and committed by court.

RESTHAVEN HOSPITAL, 600 VILLA ST., ELGIN, ILL.

Phone: SH 2-0327

by Dr. Meyer Lichtenstein, Medical director of the Municipal Tuberculosis Sanitarium.

The Board of Directors of the Sanitarium has authorized the five MTS clinics to give INH (isoniazid) and PAS (aminosalicylic acid) to private patients having prescriptions from their doctors.

The physicians will prescribe the drug and the dosage on the prescription form and include the name and address of the patient and the age if under 15 years. A three month's supply will be given with each prescription.

Appointments

Dr. Victor D. Platt has been named medical director of the Ridgeway, a hospital for psychiatric patients in Chicago. Dr. Platt was a clinical director at Elgin State Hospital prior to joining the Ridgeway's Medical Staff and is a clinical associate in psychiatry at the Chicago Medical School. He succeeds Dr. Melvin Seglin who has returned to full time practice.

Dr. William F. Maloney, M.D. has joined the staff of the Association of American Medical Colleges in Evanston as an Associate Director. His duties will include revising the methods of accrediting medical schools and providing consultation services to the schools.

Awards

Dr. Jules Caklan, Chicago was named a co-winner of the nationwide Fiske Essay competition conducted by the Rhode Island Medical Society. He was awarded the prize for his essay on "Progress in the Relief of Hearing Defects." His essay will be published in the Rhode Island Medical Journal.

Advises Flu Booster Shots

Dr. Franklin Yoder, state health director, has advised that persons who received their last influenza vaccine six months or more ago to obtain a booster injection in view of the epi-



demic of Asian influenza being reported. This is particularly recommended for those persons in the high risk groups: all persons suffering from chronic ailments and those over 45 years of age.

ANNOUNCEMENTS

Conference Planned

Governor Otto Kerner, Mayor Richard Daley and Dr. J. H. U. Brown of the National Institutes of Health will speak at the bio-medical engineering conference in Chicago, March 29-30. The conference "Opportunities in Bio-Medical Engineering for Chicago-Area Industry" is co-sponsored by the State of Illinois and Northwestern University.

Lectures

The Metropolitan Chicago Chapter of the American College of Surgeons will present a panel symposium on "Post Surgical Infections" March 21, 8 p.m. at the John B. Murphy Memorial Auditorium, 50 East Erie Street, Chicago. Dr. Alfred B. Longacre, associate clinical professor of surgery at Louisiana State University will moderate the discussions. Members of the panel are: Drs. John Van Prohaska, George G. Jackson, William M. Lees.

The Forest Hospital Lecture Series continues March 28 with "Problems of Ego Support for the Aggressive Action-Prone Child" presented by Dr. Fritz Redl, professor of Behavioral Science at Wayne State University.

PG Courses

A postgraduate course in recent advances in Gastroenterology will be given May 27-29 in San Francisco by the American Gastroenterological Association in cooperation with the University of California School of Medicine and Continuing Education in Medicine and Health Sciences. The course precedes the annual meet-



This patient with arteriosclerosis obliterans complained of intermittent claudication after walking one city block.

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arlidin®

brand of nylidrin hydrochloride N.F.

he walks comfortably block after block after block

"After three months of treatment with Arlidin,
6 mg. orally t.i.d. his walking distance increased to ten city blocks,
the nocturnal cramps disappeared, and
the coldness and numbness of the toes improved."[1]

Rx **Arlidin** to increase local blood and oxygen supply for sustained, gratifying relief of pain, spasm, ache, intermittent claudication in

arteriosclerosis obliterans
thromboangiitis obliterans
diabetic atheromatosis
Raynaud's syndrome
night leg cramps
ischemic ulcers
cold feet, legs and hands

Arlidin is available in 6 mg. scored tablets, and 5 mg. per cc. parenteral solution. See PDR for dosage, packaging.
NOTE—before prescribing ARLIDIN the physician should be thoroughly familiar with general directions for its use, indications, dosage, possible side effects and contraindications, etc. Write for complete detailed literature.

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1. Murphy, H. L., and Klasson, D. H.: N. Y. State J. Med. 57:1908, 1957.
2. de Crinis, K., Redisch, W., and Steele, J. M.: Proc. Soc. Exper. Biol. & Med. 102:29, 1959.

APPROVED RESIDENCY TRAINING PROGRAM IN PSYCHIATRY AT THE CHICAGO MEDICAL SCHOOL

OFFERS:

- Eclectic training in dynamic psychiatry and neurology in adults and children—
- Psychosomatic medicine and psychophysiological correlation—
- Development of skills in psychotherapy—
- Physiological and pharmacological therapies—
- Psychosocial intervention—
- Preventive and forensic psychiatry—
- Teaching experience, interdisciplinary research activity—
- Emphasis upon comprehensive psychiatric approach to emotionally and physically ill patients—

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ing of the American Gastroenterological Association. Further information may be obtained from Dr. John R. Gamble, 655 Sutter Street, San Francisco 2.

The Chicago Ophthalmological Society will again sponsor a six-month basic pre-residency course in Ophthalmology. The course will begin July 8, and is intended for graduates of accredited medical schools who intend to pursue residencies or preceptorships in Ophthalmology. It will be presented at the Cook County Graduate School of Medicine in cooperation with the Departments of Ophthalmology of 5 midwest medical schools and various Chicago hospital eye centers. Detailed information may be obtained from Cook County Graduate School of Medicine, 707 South Wood Street, Chicago 12, Illinois.

An introductory course in "Expanded Surgery of the Nasal Septum and Closely Related Structures" will be presented at the Medical College of Virginia, April 28-May 1.

The Barren organization will present another series on reproduction "The Therapy of Infertility" at the Dora De Lee Hall of Chicago Lying In Hospital, March 27 from 2 to 5 p.m. Topics to be discussed will be therapy of the infertile male and anovulatory female, special therapeutic procedures in the infertile female and "Infertility—A Look Into the Future."

Summer Camp for Diabetic Children

The Summer Camp for Diabetic Children will be conducted for the fifteenth year under the auspices of the Diabetes Association of Greater Chicago, July 14-August 4, at Holiday Home, Lake Geneva, Wisconsin. Boys and girls from eight through fourteen years of age are eligible.

As in previous years, the camp will be staffed by resident physicians, nurse, dicticians in additional to regular counselors.

Rates for summer camp are arranged in accordance with individual circumstances. Applications and inquiries may be directed to:

Diabetes Association of Greater Chicago, 620 North Michigan Ave. Chicago 11, Illinois, Superior 7-8842.

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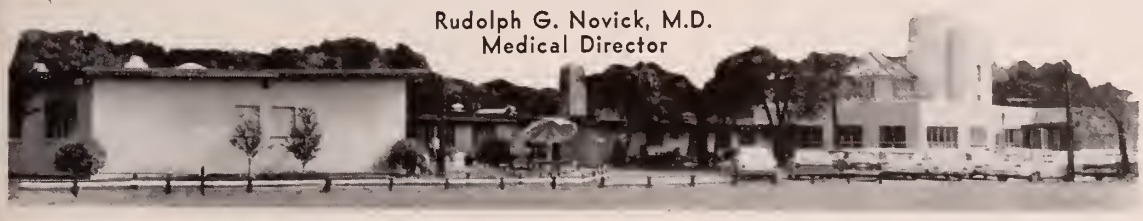
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Meeting Memos

April 1-4-American Academy of General Practice meets in Chicago's McCormick Place. Twenty-six medical lecturers and 110 scientific exhibits, both featuring the latest information on medical therapy and techniques will offer new slants and perspectives for the general practioner.

New Movies

Wyeth Laboratories has a new 29-minute, 16-mm, color and sound motion picture on "Sterilization Procedures for the Medical Office."

The processes used for sterilization are explained, with details on how they are applied and standards to be maintained regarding wrapping methods and materials, length of exposure to sterilization and other details. Disinfection methods, when they should and should not be applied, are also discussed.

Loan prints are available from the Wyeth Film Library, P.O. Box 8299, Philadelphia 1.

The problem of infection by staphylococci in hospital nurseries and how to cope with it is discussed in a new 16 mm color moving picture now available to hospitals, medical and nursing organizations, and pharmaceutical associations. The 30-minute film, "Nursery Sepsis," recently had its world premiere at the annual meeting of the World Medical Association in Rio de Janerio.

Prints may be obtained from any Johnson & Johnson sales representative, or by writing the Johnson & Johnson Hospital Division, New Brunswick, N.J.

Dr. Frantz' Full Title, Affiliation

Dr. Charles H. Frantz, whose article entitled "Increased Incidence of Malformed Infants in West Germany During 1959-1962" appeared in the January IMJ, is a board certified orthopedic surgeon. He is Chairman, Subcommittee on Prosthetics Problems of the Committee on Prosthetics Research and Development (National Academy of Science), and Medical Co-director, Area Child Amputee Center (Michigan Crippled Children's Commission).

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Letters to the Editor

Orchids for February

February 20, 1963
T. R. Van Dellen, M.D.
Editor, Illinois Medical Journal
360 North Michigan Avenue
Chicago 1, Illinois
Dear Editor:

Thank you for the very nice display and tight editing of the story "How Winnebago County Gets the People Out for Mass Immunization".

I thought it was pretty good story when I wrote it, but the way in which Illinois Medical Journal displayed it made it an excellent one.

Since I am not a physician, and since the Winnebago County Medical Society's copy goes in their library, would it be possible for me to obtain a copy from you so that I can circulate it among the officers of our company, who gave me much company time to handle the publicity for the Victory over Polio Campaign?

Sincerely,
William J. Garson
Public Relations Director —
Sunstrand Corporation
News Coordinator —
Victory over Polio Campaign

Past-President Dies

J. Mather Pfeiffenberger°, past president of ISMS and long-time delegate to the AMA, died January 21, aged 83. He was a graduate of Washington University school of medicine in 1902.

He had served as president of the state society in 1927 and was a member of the AMA's House of Delegates from 1915 to 1958, the longest tenure in the history of the Association. In 1955, he had represented the AMA in a study of hospital and medical schools in Germany.

Certified in surgery in 1939, he was a life member of the American College of Surgeons. He was a former president of the Alton and Madison County medical societies.

During World War I, he served as a captain in the Army Medical Corps. He was a member of the ISMS' 50 Year Club.

Deaths

John A. Bigler°, Chicago, a graduate of Rush Medical College in 1924, died January 11, aged 66. Certified in pediatrics in 1937, he had been on the staff of Children's Memorial hospital for 34 years until his retirement as chief of staff last year.

Solon N. Blackberg°, Chicago, a graduate of the University of Arkansas school of medicine in 1939, died December 17, aged 65. He had been on the teaching and research staffs at Texas A. and M. and Tulane universities and the College of Physicians and Surgeons at Columbia University.

George J. Brelias°, Chicago, a graduate of the National University of Athens school of medicine in 1935, died December 25, aged 52.

Oscar Cleff°, Florida, a graduate of Rush Medical College in 1901, died November 15, aged 84. He was certified in Otolaryngology in 1925 and was an emeritus member of ISMS and a member of the 50 Year Club.

Cody Cox°, Morton, a graduate of Northwestern University Medical School in 1934, died January 17, aged 52. He was past president of the Tazewell County Medical Society and a member of the American Academy of General Practitioners.

W. J. Nixon Davis, Sr.°, retired, Chicago, a Licentiate of the Royal College of Physicians of Edinburgh in 1896, died January 22, aged 92. In his youth, he was Scottish and British amateur heavyweight boxing champion and played international Rugby football for Ireland for five years.

Clarence Hamilton°, Mount Vernon, a graduate of the National University of Arts and Sciences Medical Department in St. Louis in 1916, died January 3, aged 71. During World War I he was a captain in the Medical Corps and served with British forces. He was an emeritus member of ISMS.

Richard J. Jones, Jr.°, retired, Florida, a graduate of the University of Buffalo School of Medicine in 1943, died December 17, aged 44.

Raymond Joseph°, retired, Belleville, a graduate of Washington University school of medicine in St. Louis in 1913, died, aged 76.

Dietrich Klemptner°, Chicago, a graduate of Voronezh Medical Institute, Russia in 1903, died January 10, aged 83. He was emeritus professor at the University of Illinois college of medicine, a member of the 50 Year Club and an emeritus member of the Society. He was certified in Medicine in 1946.

James J. Leach°, Elmwood Park, a graduate of the University of Illinois College of Medicine in 1914, died January 18, aged 71.

Abraham I. Love, Chicago, a graduate of Rush Medical College in 1925, died January 16, aged 63. He was a captain in the army medical corps in World War II.

James H. Mitchell°, Chicago, a graduate of Rush Medical College in 1913, died January 30, aged 81. Certified in dermatology and Syphilology in 1935, he was former president of the Chicago Dermatological society and the American Dermatological association. He was clinical professor emeritus of dermatology at the University of Illinois College of Medicine. He served in the army medical corps in 1918 and 1919. He was an emeritus member of ISMS.

A. Rudolph Penn, Evanston, a graduate of Meharry Medical College in 1915, died January 18, aged 82.

Francis L. Powers, Dakota, a graduate of Chicago Medical School in 1916, died January 23, aged 71.

W. H. Schott°, Edinburgh, a graduate of Chicago College of Medicine and Surgery in 1912, died January 30, aged 75. He was an emeritus member of ISMS.

J. Leslie Williams°, Evanston, a graduate of Rush Medical College in 1919, died January 30, aged 72. He had been an instructor at Rush Medical College and until 1955 remained on the staff of the University of Illinois college of medicine. He was a member of the Chicago Pathological Society and the Chicago Society of Internal Medicine.

°Indicates member of Illinois State Medical Society.



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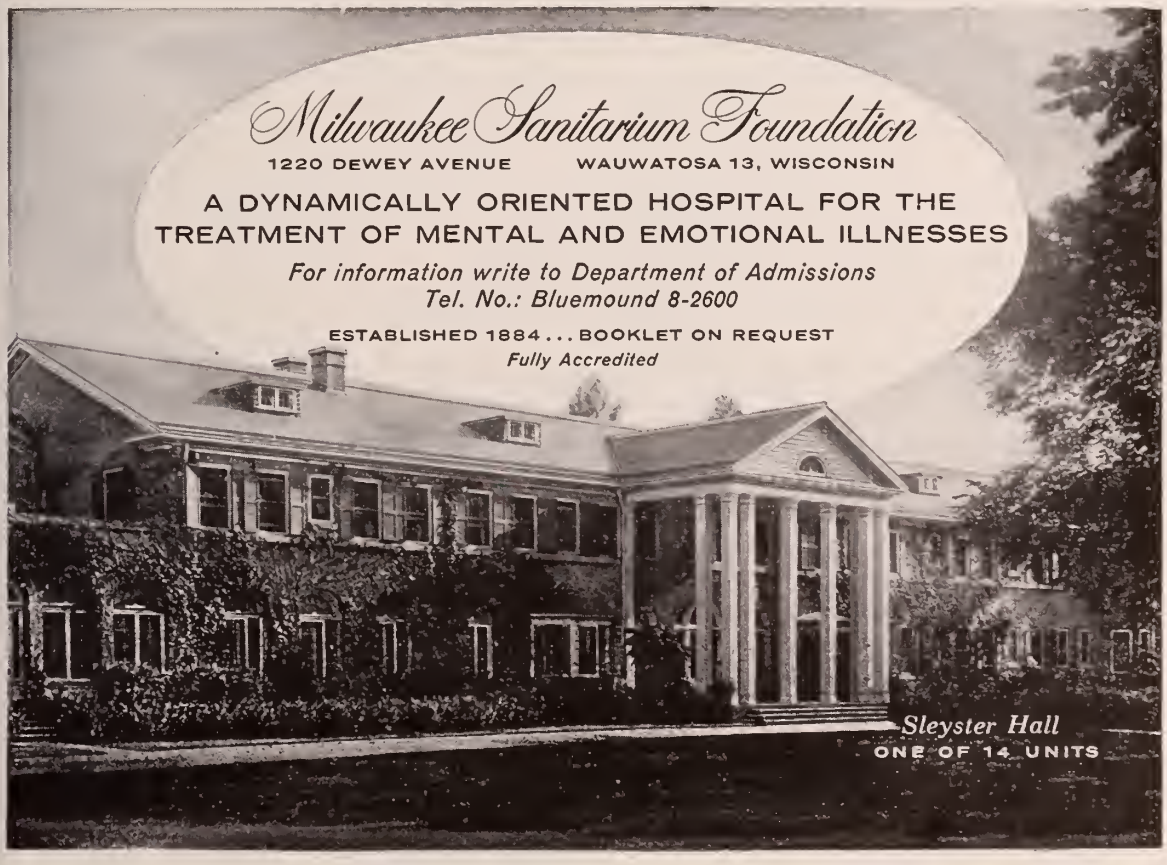
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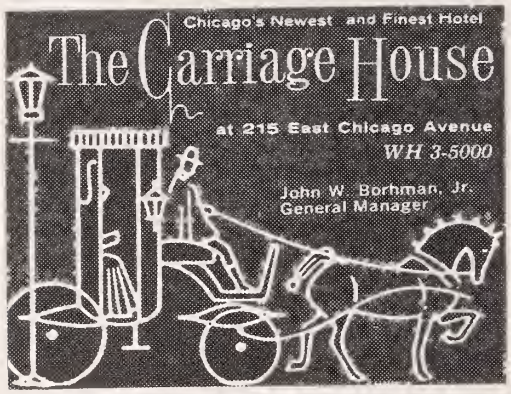
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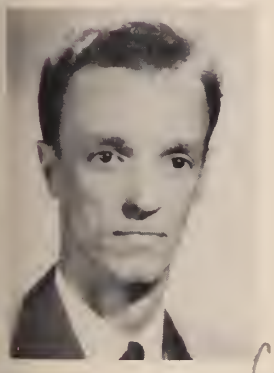
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ORATION IN MEDICINE

WEDNESDAY, MAY 15 LOUIS XVI ROOM

"Systemic Effects of Cancer—Hematologic and Metabolic"—Edward H. Reinhard, M.D., Professor and Chairman of the Department of Medicine, Washington University, St. Louis, Missouri.

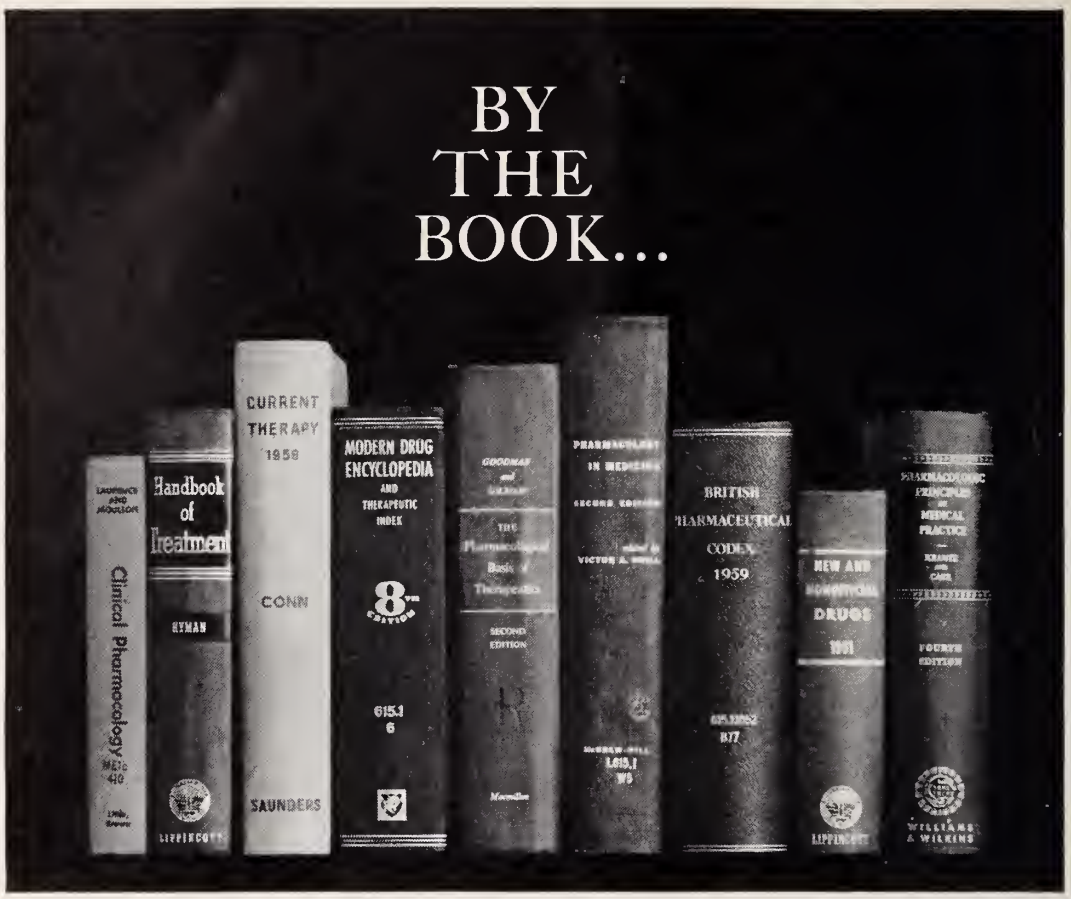
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ORATION IN SURGERY

WEDNESDAY, MAY 15 LOUIS XVI ROOM

"Diverticular Disease of the Colon"—Rudolph Noer, M.D., Professor and Chairman of Surgery, University of Louisville, Louisville, Kentucky.



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LEGISLATIVE LISTENING POST

ATTENTION DOCTOR !

Immediate Contact With Your State Representative and Senator Needed

HB 261--Mandatory Testing for Phenylketonuria on All Newborns
Favorably Reported to the House Floor.

This bill and an identical Senate Bill (SB 291) would require the Department of Health to establish testing procedures for all newborns to discover metabolic imbalance leading to mental retardation.

Efforts to convince the chief sponsor of HB 261, Rep. Raymond H. Welsh, Jr. (D-4th Dist., Oak Park) and the Illinois Council for Mentally Retarded Children, backers of the legislation, on the uncertain validity of current testing in this field have been fruitless. Expert medical testimony and scientific evidence presented before the House Committee on Governmental Economy, April 4, has been disregarded. The incidence of retardation from this cause is estimated at 1 in 20,000 births. The Department of Mental Health has labeled the measure premature.

Physicians wholeheartedly agree with the principle of diagnostic screening of the newborn. They object to compulsory testing, especially in this, as yet, experimental area.

Talk to your three Representatives in the House and your Senator about this unwise legislation. Their mailing address in Springfield is the House and/or Senate Post Office, Capitol Building.

Bills Supported by ISMS

Bill	Subject
H 90	Prohibits tatooing of minors except by physicians--passed by House and Senate.
H 143	Amends Illinois Nursing Act to permit junior college programs for professional nurses; mandatory licensure for practical nurses; and other administrative changes. This Act is under revision which will separate changes in practical nurses licensing from professional nursing.
H 603	Requires all 1965 model autos to be equipped with seat belts (Similar to S 15 previously reported).
S 379	Establishes legality for autopsies--no current provision in Illinois Statutes. Initiated by Illinois Hospital Association.
S 417	Amends Narcotics Act to limit amount of narcotics obtained under special exemptions. Does not apply to physician's prescriptions.
S 458	Increases physicians initial license fee from $75 to $100 and the biennial re-registration fee from $6 to $10. Support for this bill is contingent upon

approval of funds for Department of Registration and Education to improve enforcement.

S 491 New act to create an Illinois Dental Service Plan Corporation.

Bills Opposed by ISMS

SJR 7 Referendum on a Constitutional amendment eliminating the coroner as an elective office.

H 106 Adds broad category "serious medical disability" to emergency accident treatment required of hospitals. Amendments have been submitted to limit this to acute or emergency medical conditions to prevent hospitals from being flooded with non-emergency cases.

H 163 Removes intent to gain citizenship as a requirement for licensure of physicians--one of a series of acts to remove citizenship requirements from all professions.

S 280 Opens vital statistic records to public inspection--this bill tabled at request of ISMS.

S 492 Amends Medical Service Plan Act to allow optometric service under Blue Shield.

Recent Bills Under Study by ISMS

H 644 Requires convicted drug addicts on probation to submit to periodic tests to determine whether probationer continues to use drugs.

H 695 Would remove physician's exemption from jury duty.

S 393 Amendments to Hospital Licensing Act--agreement has been reached for further study of problem areas.

S 513 Provides for Vision Service Plan Corporation to prepay optometric services and appliances--ophthalmologists included.

S 517 Management's version of amendments to Workman's Compensation Act incorporating Impartial Medical Testimony--excludes heart victims.

S 584 Makes it unlawful for optometrists to lease space in retail establishments not exclusively devoted to optometric practice.

S 605 Amends Coroner's Act to require investigation of death when decedent was not attended by a licensed physician 10 days prior to death.

Numerous other bills with medical implications are being closely followed.

OPERATION HOMETOWN

The campaign against the new King-Anderson Bill is designated "Operation Hometown". A seven-part, fully outlined program kit will be unveiled at the AMA National Legislative Conference, April 20-21, at the Pick-Congress Hotel, Chicago. The Conference will feature a discussion of the Administration's bill and the national issue of financing health care of the aged through Social Security. Following the AMA sessions, ISMS will instruct county representatives in the workings of "Operation Hometown" in preparation for the opening gun in Washington later this summer.

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Brief Summary: Indications: Acute hypotension. **Side Effects, Precautions, and Contraindications:** Avoid areas unsuitable for injection. Not recommended with cyclopropane or halothane anesthesia. Avoid excessive blood pressure response. Use with caution in heart or thyroid disease, high blood pressure, diabetes. **Before prescribing or administering, read product circular with package or available on request.**

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Children from 6 months to 1 year, 1/4 teaspoon; 1 to 3 years, 1/2 to 1 teaspoon; 3 to 6 years, 1 to 2 teaspoons; 6 to 12 years, 2 teaspoons. Every four to six hours as needed.

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Illinois Medical Journal

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Published monthly by the Illinois State Medical Society, 360 N. Michigan Avenue, Chicago 1, Ill. Subscription $5.00 per year, in advance, postage prepaid, for the United States, Cuba, Puerto Rico, Philippine Islands, and Mexico. $7.00 per year for all foreign countries included in the postal union. Canada, $5.50. Single current copies available at cost of 75 cents.
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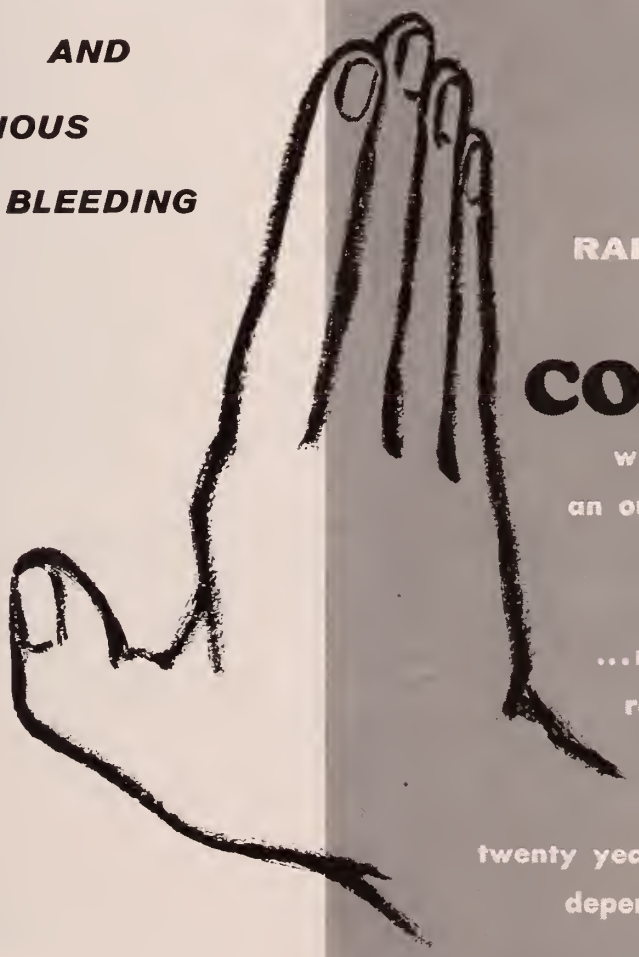
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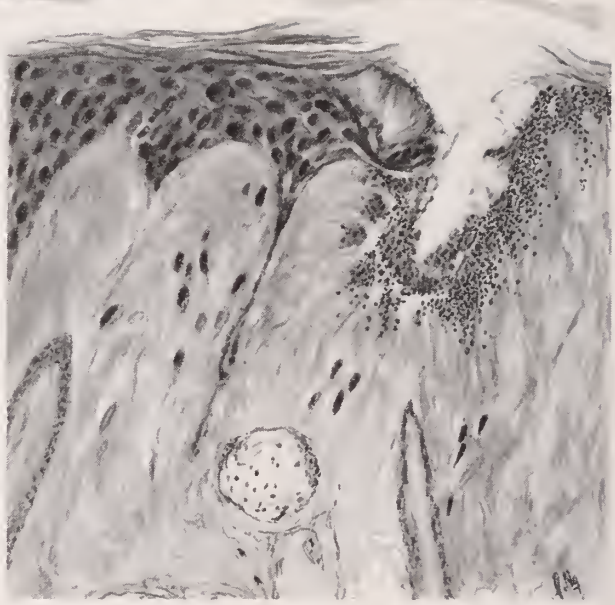
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AS I SEE IT FROM '360'

By Robert L. Richards
Executive Administrator

"The Place To Be in '63"— and Every Year!

During an Informal Chat with one of our Society members the other day, the subject got around to the ISMS Convention. With some embarrassment the good doctor admitted that he hadn't attended an ISMS Convention in some years. "Bob, I just can't spare the time," he explained. "My county society meets in March and the AMA meeting is in June. The ISMS meeting is 'sandwiched' between them so tightly that it is almost impossible for me to attend."

I agreed that Convention schedules were not always permissive.

He went on to say, "if physicians attended every medical meeting related to their practice or affiliation they would soon become medical nomads. An absolute limit of three or four essential meetings per year has to be established."

This time I replied, "doctor, the ISMS Annual Convention represents one of the *truly essential* meetings you and every other Illinois physician should attend, no matter how limited your time. It is the *only* meeting dedicated to the needs of the state medical community."

This community, I reminded him, is a very real one. A composite of county societies and a component of the AMA, it is replete with his own special problems and needs. These are embodied in the State Society and reviewed annually at the ISMS convention. Where else do delegates from every county in the state convene to review and determine policy affecting the society for an entire year? Where else can one county society member learn of activities taking place in *all* of the other societies throughout the state? Where else can Illinois physicians talk to, learn from and exchange ideas with, medical authorities from Illinois and throughout the nation?

Only the State Society Convention meets all of these needs conveniently. It is unique. Large enough to achieve national quality, it is at the same time small enough to preserve regional interest in an informal setting.

Unique . . . essential . . . consider these words carefully when next you ponder the question "Should I attend the ISMS Annual Convention?" To these words this year can be added the phrase *unsurpassed quality*. As described in the Convention Program reproduced elsewhere in this issue, the ISMS section chairmen have outdone themselves in providing some of the nation's outstanding medical authorities as convention speakers. Program arrangements also have been vastly improved. If you plan to take your wife and family along, a courtesy booth at the Registration Desk is being made available to help you preplan a sightseeing itinerary of Chicago.

My comments helped to convince my physician friend — and I hope they will help to convince you — that in terms of professional growth and wholesome enjoyment, the ISMS 123rd Annual Convention is "the place to be in '63."



As Natasha posed for her portrait...



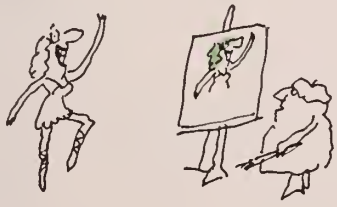
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*Scal, J. C.: Eye Ear Nose & Throat Month. **38**:738 (Sept.) 1959.

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**illustrated*

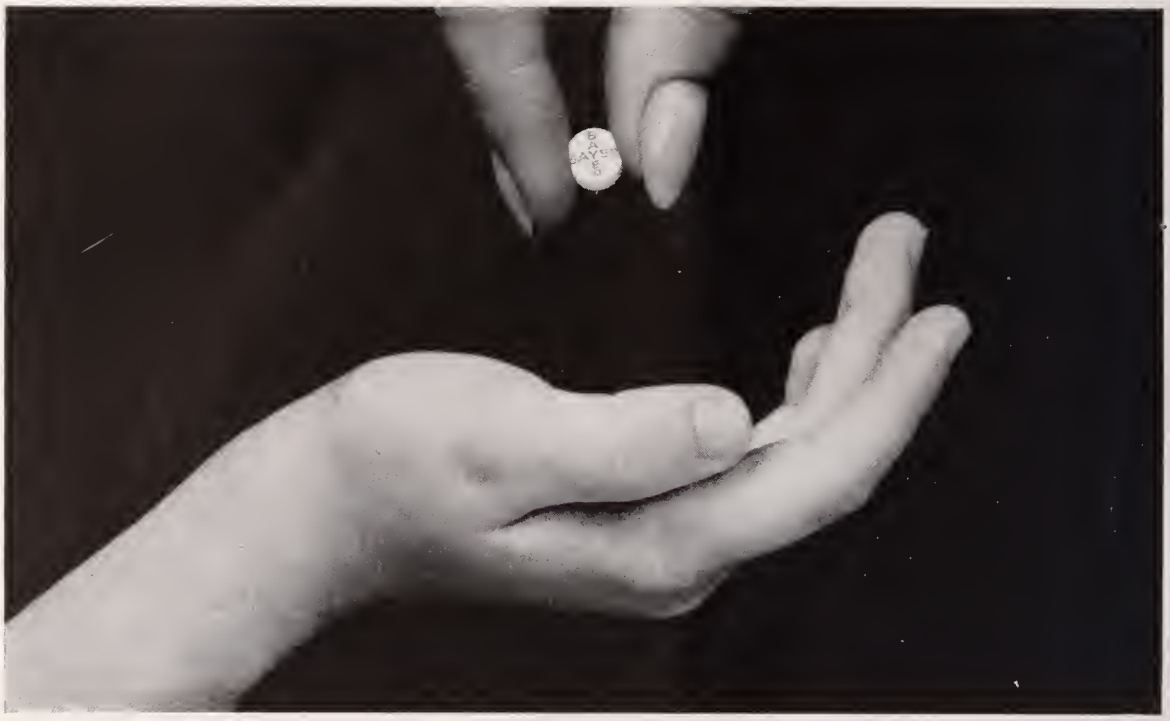
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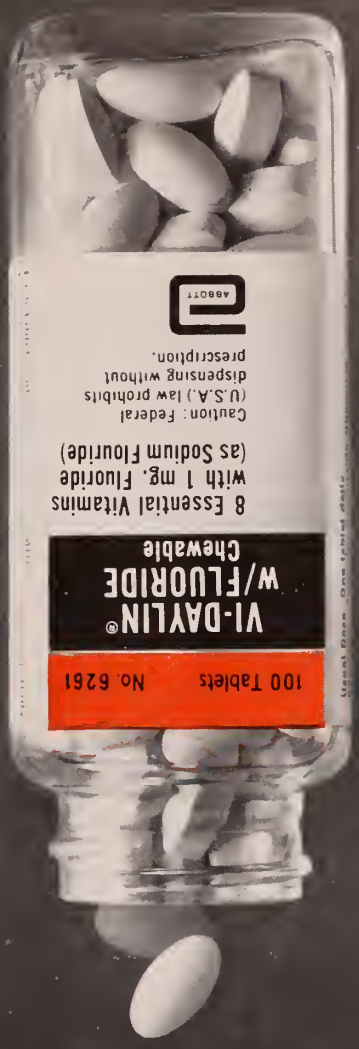
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1. Prescribing Supplements of Dietary Fluorides, Council of Dental Therapeutics, J.A.D.A., 56:591, April, 1958.
2. Fluoride Compounds, Accepted Dental Remedies, 27th Ed.:139, 1962.

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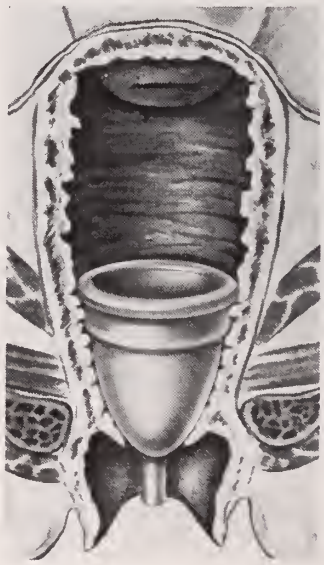
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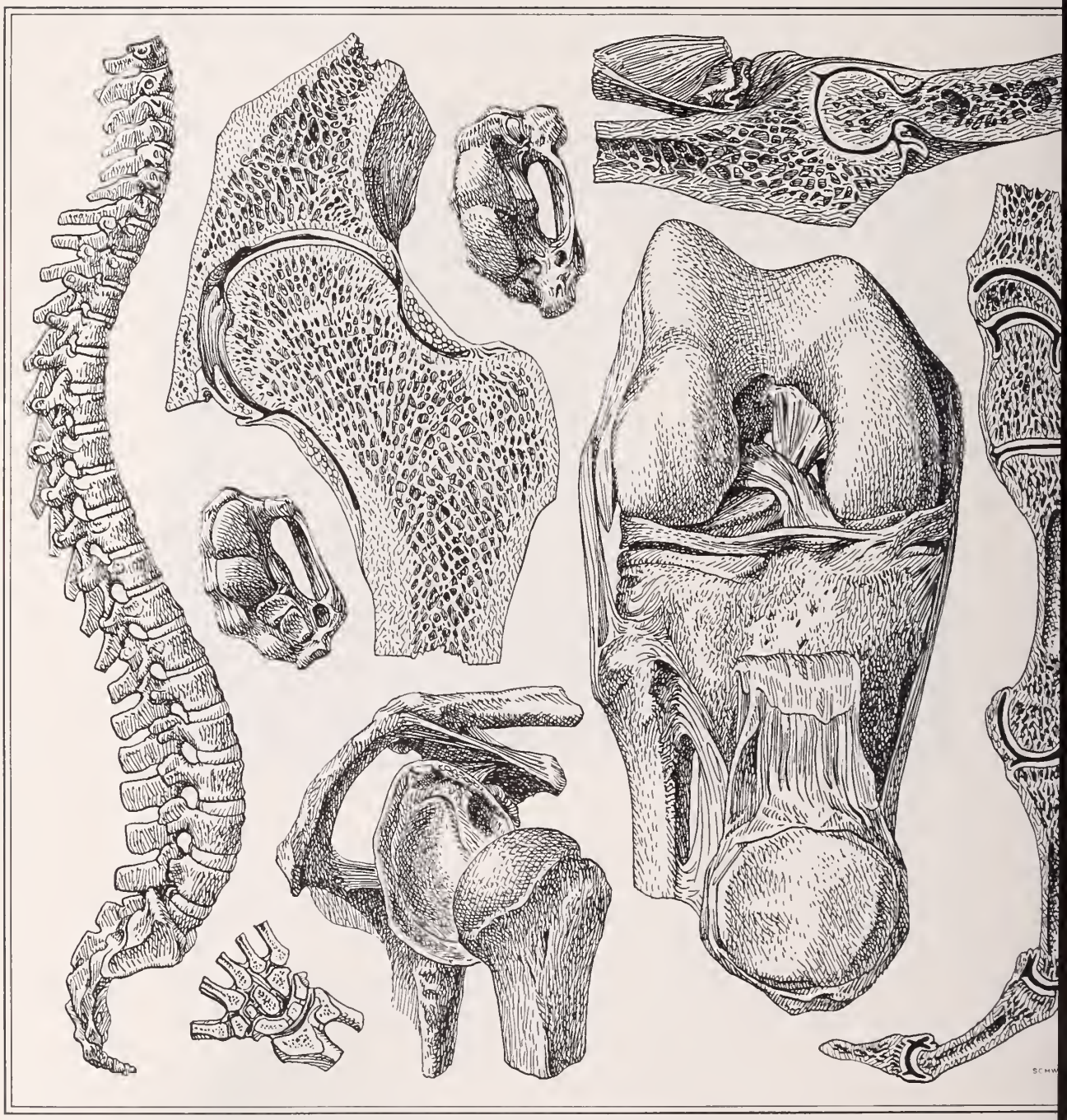
Doriden also has these specific advantages over the barbiturates: Doriden rarely causes pre-excitation; onset of action is rapid, smooth. Doriden is metabolized quickly, thus rarely produces morning "hangover." Doriden is not contraindicated in the presence of liver and kidney disorders. Doriden is well tolerated by elderly patients and those debilitated by illness. Doriden rarely, if ever, causes respiratory depression.

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1. Borota, A., and Grinell, R.N.: J. Amer. Geriatrics Soc., 10:413, 1962.
2. Spoor, H. J.: N.Y. State J.M. 58:3292, 1958.
3. Lubowe, I. I.: Western Med. 1:45, 1960.
4. Weissberg, G.: Clin. Med. 7:1161, 1960.

Abstract of Board Actions

Meeting of March 16-17, 1963



DISASTER MEDICAL CARE COMMITTEE ASKS SHELTERS AND LESS GLASS

A resolution introduced by Dr. Max J. Klinghoffer as chairman of the Disaster Medical Care Committee was approved by the Board. It petitions the Illinois Civil Defense Agency requesting legislation requiring provision of adequate shelter space in the construction of all new public buildings and encouraging that construction of private buildings also include adequate shelter provisions and that legislation or directives also discourage or prohibit the use of large expanses of ordinary glass in new buildings because of the extremely high incidence of serious injuries resulting from glass as secondary missile in ordinary and atomic disaster.

TOXICANTS STUDY ASKED

The Board approved a resolution introduced by Dr. Julius M. Kowalski, Chairman of the Committee on Public Safety, requesting that the Department of Public Health through the Bureau of Hazardous Substances and Poison Control be requested to undertake a study of all toxicants, current and future sold or used in Illinois, and prepare a report for appropriate distribution.

NEW KERR-MILLS BENEFITS

Dr. V. P. Siegel reported that joint discussions are being held with IPAC and IHA on possible amendments to improve the deductible feature of the Kerr-Mills Law. Expanded benefits are also being considered.

DISABILITY INSURANCE PROGRAM AND HR-10 REPORTS

The Director of the Division of Economics and Legislative Activities reported that the disability insurance program will go into effect in April. Literature is in preparation. There is no definite plan available at this time under HR 10 and further information from the government is needed. A comprehensive summary of actions by the Division of Legislative Activities and its assigned committees is contained in the "Legislative Listening Post" on page one of this issue.

BOARD RECOMMENDS ASSOCIATION OF PROFESSIONS

The Board approved a recommendation by Dr. George Callahan of the Committee on the Association of the Professions that ISMS attempt to organize professions in Illinois and approved a meeting with leaders of other professions at which formal plans can be drawn up to be presented to the House of Delegates.

RECOMMEND CITIZENSHIP REQUIREMENT BE REMOVED

The Board concurred with a recommendation by the Committee on Constitution and Bylaws that the requirement of U.S. citizenship as a pre-requisite to ISMS membership be removed from the Constitution. Currently, foreign physicians are eligible to take the examination for medical licensure in Illinois upon receipt of their first citizenship papers. The Board recommends that eligibility for ISMS membership similarly be granted to foreign physicians since receipt of first papers clearly indicates the intention to achieve full citizenship. It was pointed out that county societies may incorporate the requirement of U. S. citizenship into their constitutions if desired. However, its removal from the ISMS constitution will permit many excellent physicians of foreign birth to join the ranks of organized medicine and give the State Society worthy additional members. The recommendation will be placed before the House of Delegates.

COMMITTEE ON RELIGION AND MEDICINE ESTABLISHED

By official action, the Board approved that the Society establish a Committee on Religion and Medicine and that the chairman of the Board be empowered to appoint such a committee after consultation with the proper groups. The Board heard a report by the Rev. Dr. Paul B. McCleave, Director of the Department of Medicine and Religion of the AMA who reported on the first months of that new section's activity. Information will be made available in detail to all Illinois county medical societies.

NEW PUBLICATION FOR ALL MEMBERS

Publication of a 16-page booklet describing State Society functions and activities was approved by the Board. Prepared by the administrative staff and entitled "Action—The Philosophy of Your Illinois State Medical Society," the attractive booklet will function as a current review of ISMS activities for the older members and as a short course of orientation and instruction for new members. The booklet is now in the final stages of preparation and is expected to be ready for distribution at or about the time of the Annual Convention this year.

MENTAL HEALTH DIRECTOR REPORTS

Dr. Francis Gerty, Director of the Department of Mental Health, reported to the Board that Illinois is the first state to try a state wide program of developing "community responsibility" which aims at developing a sense of responsibility at the community level and a "share the load" program to supplement the present inadequate care given some types of mental patients.

CONFERENCE ON CHRONIC ILLNESS

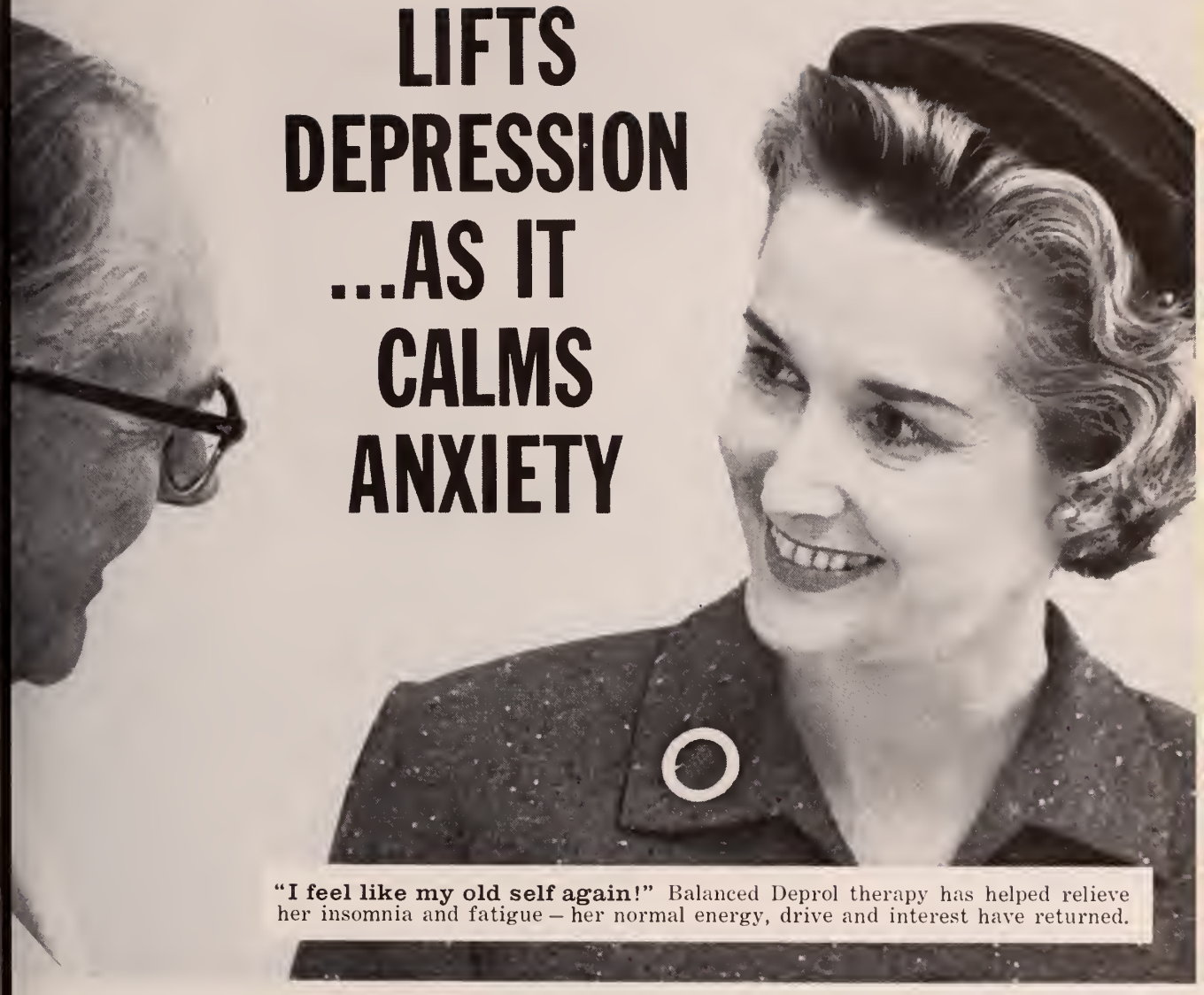
The Society will participate in a conference on Chronic Illness scheduled for the fall. Attendance at the conference will be by invitation and all expenses will be handled by the Illinois Department of Public Health.

ANNUAL MEMORIAL SERVICE APPROVED

Dr. Walter C. Bornemeier reported that a memorial service is scheduled before the first meeting of the House of Delegates in May to commemorate deceased ISMS members whose lives were dedicated to the practice and improvement of medicine in Illinois. The Board moved that such a service will be held annually.

For full year-end reports by all committee chairman please read the Handbook for Delegates beginning on page 373.

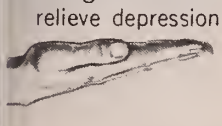
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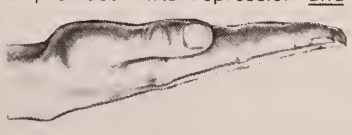
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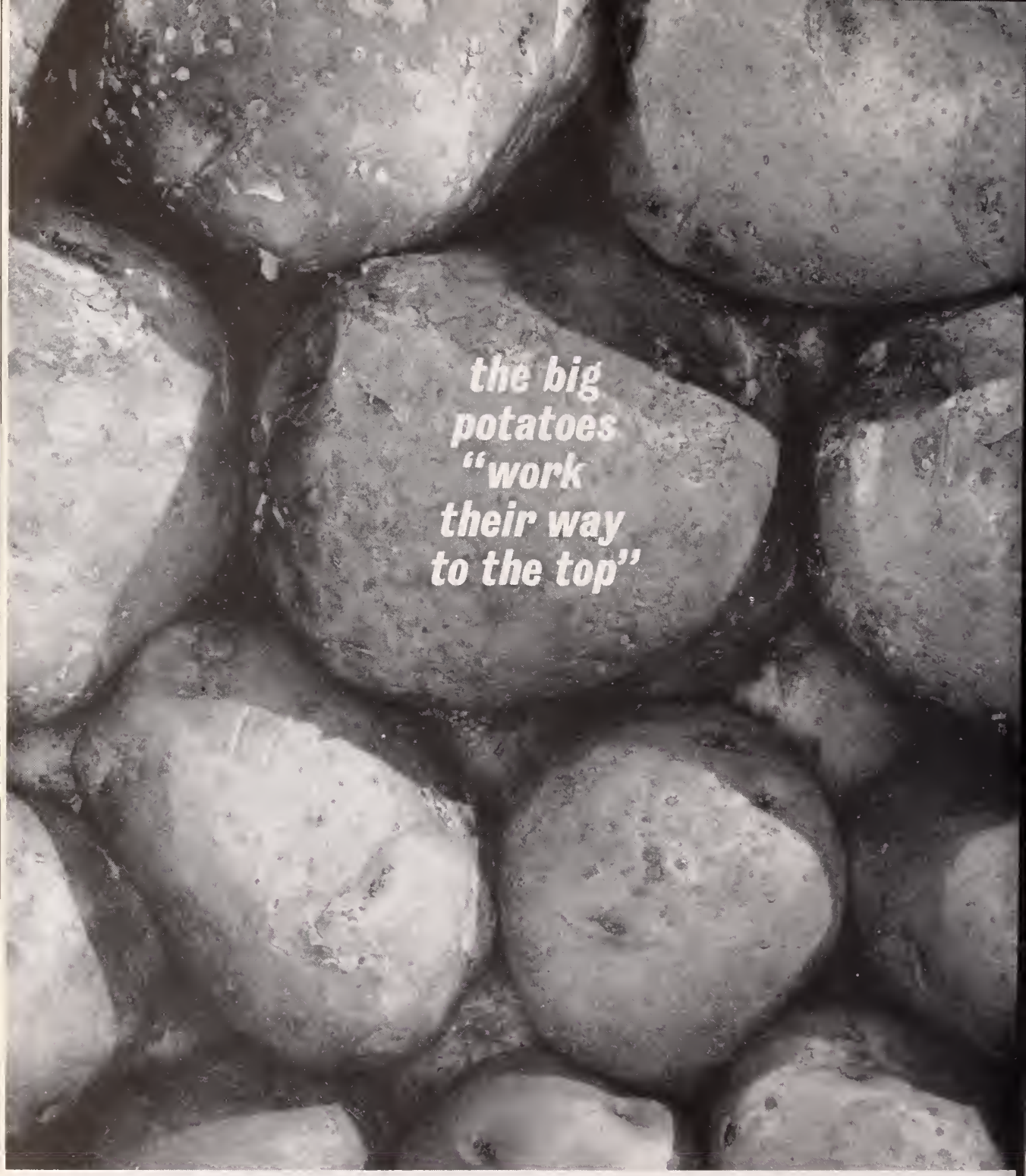
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Illinois Medical Journal

volume 123, number 4 april, 1963

illinois medicine / ***CLINICAL REVIEW***

A Digest of Essential Proctologic Procedures

Louis Malow, M.D., F.A.C.S., F.I.C.S., and Manuel G. Spiesman, M.D., F.I.A.P.

Diagnosing and treating common anorectal disorders can be comparatively simple if several basic principles are kept in mind. These principles, interwoven with practical hints distilled from almost thirty years of lecturing to postgraduate students, are outlined in telegraphic form to provide the non-proctologist with a convenient, readable and hopefully useful digest of essential proctologic office procedures.

PART I

Proctologic Examination

1. *A HISTORY* is mandatory and can be extremely useful if questions relating to the following are asked:

Location of pain — anal or rectal.

Type of pain — sharp, stabbing, gnawing or dull.

Duration of pain — continuous, long or short.

Type of bleeding — observed in toilet bowl or on toilet paper.

Type of prolapse — reducible or irreducible.

Changes in bowel habit — constipation, diarrhea, normal but painful.

2. *PERIANAL INSPECTION* should be performed with patient in the lateral Sims position. Anus and perianal region should be inspected for color changes, dermatitis, deformities, swellings, fistulous openings, fissures and all types of discharge.

3. *DIGITAL EXAMINATION* should be conducted following perianal inspection. A well-lubricated index finger should be gently inserted into the anal canal and the muscle tone of the anal canal should be noted. The entire circumference of the ampulla should be palpated carefully, from the highest to the lowest levels within reach of the finger; palpation of the anal wall is very important. The levator ani, coccygeus and pyriformis muscles on either side of the coccyx should be palpated to determine the presence of spasm and tenderness. Perianal and perirectal masses, even when very small, can be palpated by placing the index finger within the canal and the thumb outside the canal (bi-digital examination). Areas of

Associate Professor in Surgery, Chicago Medical School; Proctologist, Edgewater Hospital, Lutheran General Hospital, Grant Hospital; Associate Professor of Proctology, Chicago Medical School; Proctologist, Edgewater Hospital, Past Head of the Cook County Hospital Rectal Clinic.

tenderness, induration, fistulous tracts, tumors and the condition of the prostate should be noted.

4. *PROCTOSCOPIC EXAMINATION* should be conducted with patient preferably in lateral Sims's position. The type of instrument is important; Barr-Schuford and Brinkerhoff speculae are preferable because they permit viewing one side of the anorectum at a time. The Barr-Schuford speculum is best suited for visualizing polyps, papillae, etc.; the Brinkerhoff is best for visualizing fissures and fistulae. The instrument should be well lubricated and gently passed through the anal canal. Polyps, papillae, hemorrhoids and other growths can be visualized directly; crypts and internal openings of fistulas can be detected with the aid of the crypt hook.

5. *SIGMOIDOSCOPIC EXAMINATION* should be performed routinely on all patients, especially those over 35 years of age. A Fleet® enema 2 hours before examination is the only preparation needed. Any proximally-lighted sigmoidoscope may be used; care should be taken during passage of the instrument to avoid damaging mucosa. DO NOT ADVANCE INSTRUMENT UNLESS LUMEN OF THE BOWEL IS VISIBLE.

6. *LABORATORY TESTS* are essential, but should not be overdone. The most useful ones involve:

a) direct smears of stool or discharges to detect presence of blood, pus and parasites (amebae).
b) Papanicolaou stain of scrapings of tumors, bloody mucus, and suspicious lesions.
c) biopsy of tumors and suspicious lesions.
d) complete blood counts for anemias and blood dyscrasias.
e) urinalysis to rule out diabetes.

7. *X-RAY STUDIES* are indicated when there is a change in bowel habit, blood mixed with stool or abdominal cramps. Air contrast barium enema with *lateral* and *oblique* views of *the sigmoid, hepatic* and *splenic flexures* is *mandatory* for thorough colonic examination.

8. *ABDOMINAL EXAMINATION* should be performed routinely to detect areas of tenderness, muscle spasm, swelling, masses and enlargement of the liver and spleen.

PART II

Differential Diagnosis

Accurate interpretation of signs and symptoms of common anorectal disorders is contingent upon a practical knowledge of anorectal anatomy. Most important is a clear understanding of the significance of the pectinate (dentate) line and its contiguous structures. This important landmark represents the dividing line between ectoderm and endoderm, and between various components of the vascular, nervous and lymphatic systems as follows:

1. *Vascular system* — Area above pectinate line is supplied by the superior hemorrhoidal vessels; area below, by the inferior hemorrhoidal vessels.
2. *Nervous system* — Area above pectinate line is innervated by the autonomic nervous system; area below, by the cerebrospinal nervous system.
3. *Lymphatic system* — Area above pectinate line drains into the pelvic and peri-aortic nodes; area below, into the inguinal nodes.

Common signs and symptoms — The following signs and symptoms (pain in particular) provide a basis for differential diagnosis, and are presented in outline form to assist the nonproctologist in rapidly classifying common anorectal disorders.

CONDITIONS CAUSING ANAL PAIN (See Figure 1):

Fissure-In-Ano: Long-lasting, sharp pain following bowel movements.
Thrombotic Hemorrhoids: Continuous dull pain.
Prolapsing Hemorrhoids: Continuous dull pain or ache present during prolapse.
Strangulated Hemorrhoids: Continuous dull pain.
Abscess: Continuous throbbing pain.
Cryptitis and Papillitis: Sharp or stabbing pain of short duration following bowel movements.
Fistulae: Sharp, momentary pain with bowel movements.
Carcinoma of the Anal Canal: Continuous gnawing pain.

BLEEDING:

Hemorrhoids: Blood seen in toilet bowl.

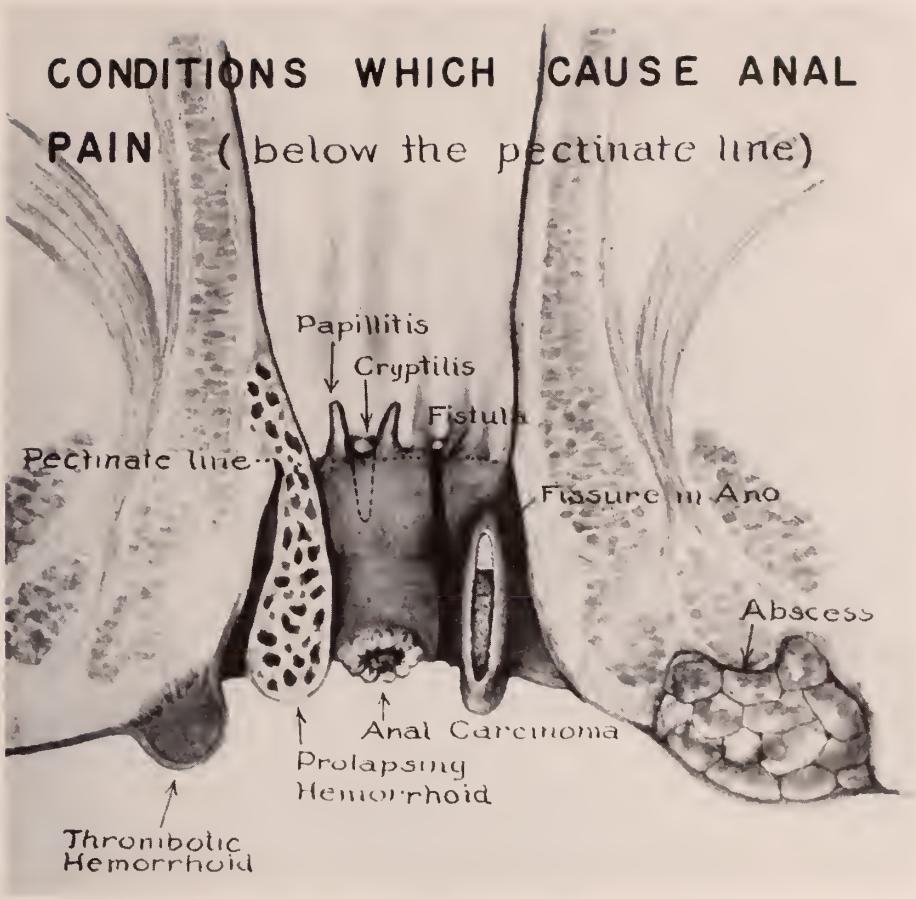


FIGURE 1.

Fissure-In-Ano: Blood seen on toilet paper.

Carcinoma: Bloody mucus in the stool.

Ulcerative Proctitis: Frequent stools containing blood, pus and mucus.

Ulcerative Colitis: Frequent stools containing blood, pus and mucus.

Polyps: Bloody mucus in stool.

ITCHING: (Pruritus ani)

A. *Simple Type:*

1. Caused by discharge from fissure, fistula or postoperative wound.
2. Following or concurrent with antibiotic medication.
3. Amebic colitis.
4. Pinworm infestation.

B. *Fungus Type:* Moist ring-like papular and ulcerated lesions about anal opening.

C. *Neurogenic Type:* Perianal patch dermatitis.

D. *Intractable Type:* Any of the above types may become intractable, in which case lichenification occurs around anal opening.

PROLAPSE:

Hemorrhoids: Hemorrhoids (radial sulci) and mucosal prolapse (circular sulci).

Pedunculated Polyps and Papillae: Tumor on a pedicle.

Procidentia Recti: Entire rectal wall prolapse (circular sulci).

SWELLINGS:

Thrombotic Pile: Bluish, tender swelling (early); non-tender after 96 hours.

Abscess: Reddish, tender, indurated area.

Sentinel Pile: Skin tag distal to fissure, non-tender.

Strangulated Pile: A ring of prolapsed, bluish, tender swellings and edematous skin tags, irreducible.

Prolapsing Pile: Reddish-blue, denuded swelling covered by mucosa, reducible.

Verrucae: Usually not luetic — perianal papillomatous growths.

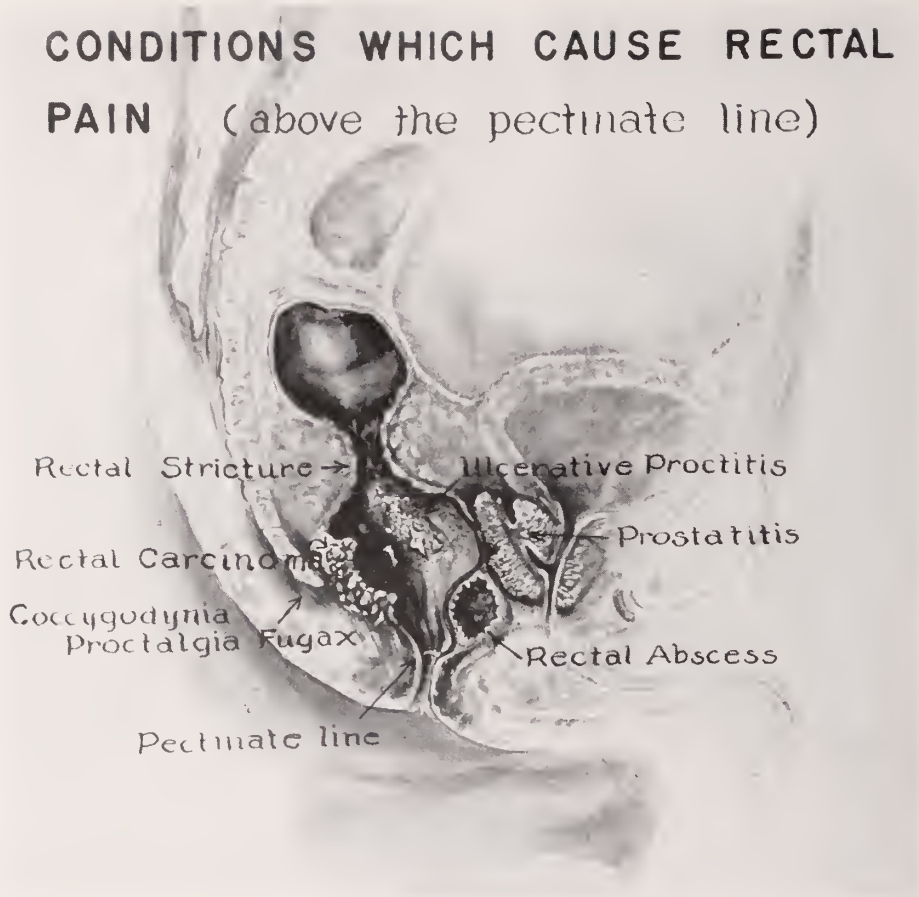


FIGURE 2.

CONDITIONS CAUSING RECTAL PAIN (See Figure 2):

Coccygodynia:

1. Acute — excruciating rectal pain lasting 5 to 15 minutes (Proctalgia fugax)
2. Chronic — ache on sitting or arising (coccygodynia)

Advanced Carcinoma: Rectal discomfort and backache.

Prostatitis: Rectal pain and fullness, plus urinary symptoms.

Proctitis: Urgency and frequency of bowel movements.

Fecal Impaction: Obstipation, cramps, rectal fullness and liquid fecal discharge.

* — Signs and symptoms

** — Physical findings

*** — Treatment

PART III

Quick Reference to Clinical Findings and Treatment

Fissure-In-Ano — A "crack" in the anoderm, distal to the pectinate line and usually (about 90% of the time) in the posterior commisure.

SS* — Sharp, long-lasting (4-12 hours) anal pain during and after bowel movements, plus rectal bleeding usually of the toilet paper type only.

PF** — Other than the small crack or ulcer, physical findings are generally absent in *acute fissures*, because they are not associated with cryptitis, papillitis or pectenosis. In the case of *chronic fissures*, however, digital examination will reveal anal tightness,

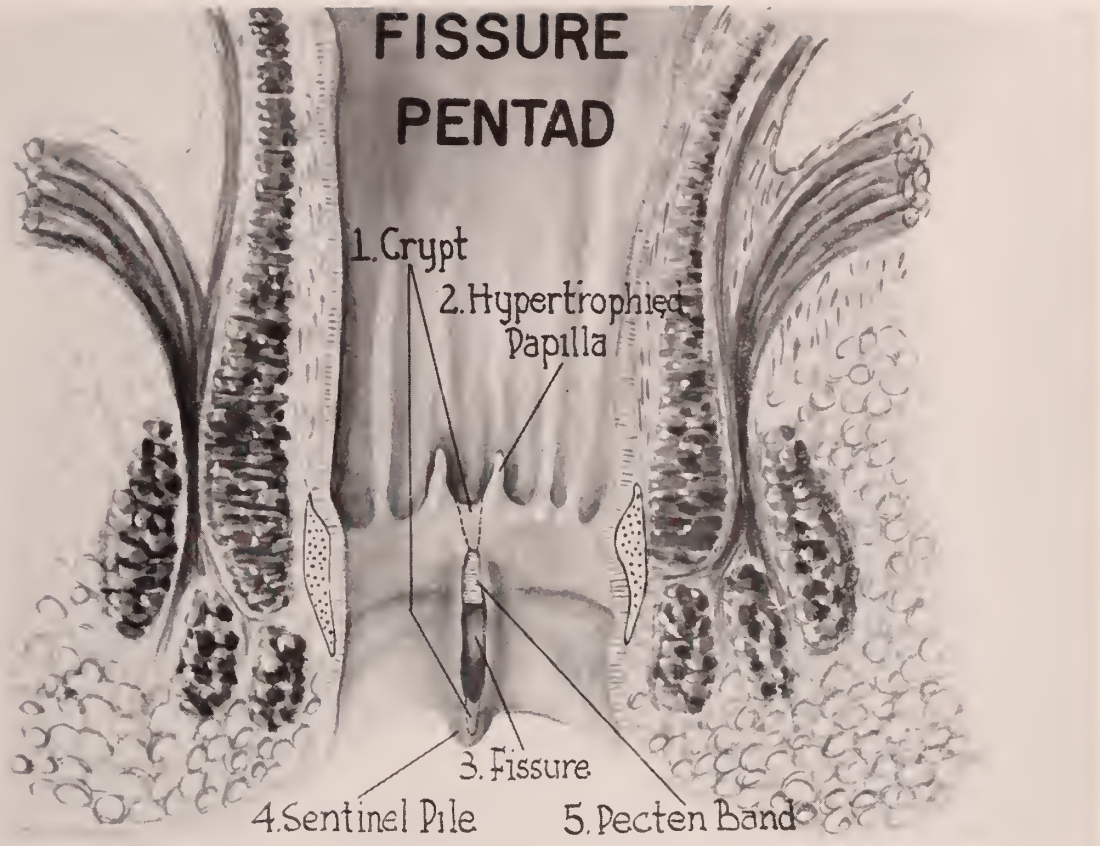


FIGURE 3.

hypertrophied papillae, an indurated depression at or below the pectinate line and marked tenderness over the fissure. Anoscopic examination will usually reveal a cryptitis, hypertrophic papillitis and a sentinel pile at the distal end of the fissure. A chronic fissure is always associated with pectenosis, cryptitis, papillitis and a sentinel pile, and is therefore called a *Fissure* Pentad (Figure 3).

RX*** — Usual treatment for an *acute fissure* consists of injecting a long-acting anesthetic oil, such as Nupercaine®, under the fissure and into the external sphincter muscles anteriorly and posteriorly; bland local medication, such as Anusol® suppositories, should be used on a b.i.d basis. Treatment of chronic fissures is always surgical.

Internal Non-Prolapsing Hemorrhoids — Anorectal swellings above the pectinate line that are covered with mucosa and have not become loosened from their underlying attachment (Figure 4).

SS — Rarely any other than bleeding (toilet bowl type).

PF — Hemorrhoidal swellings easily visualized with anoscope.

RX — Injection with a sclerosing agent such as 5% phenol-in-oil, noting carefully the following:

1. If a white spot appears at the injection point, the needle is not through the mucosa. Stop and insert the needle deeper in another area.

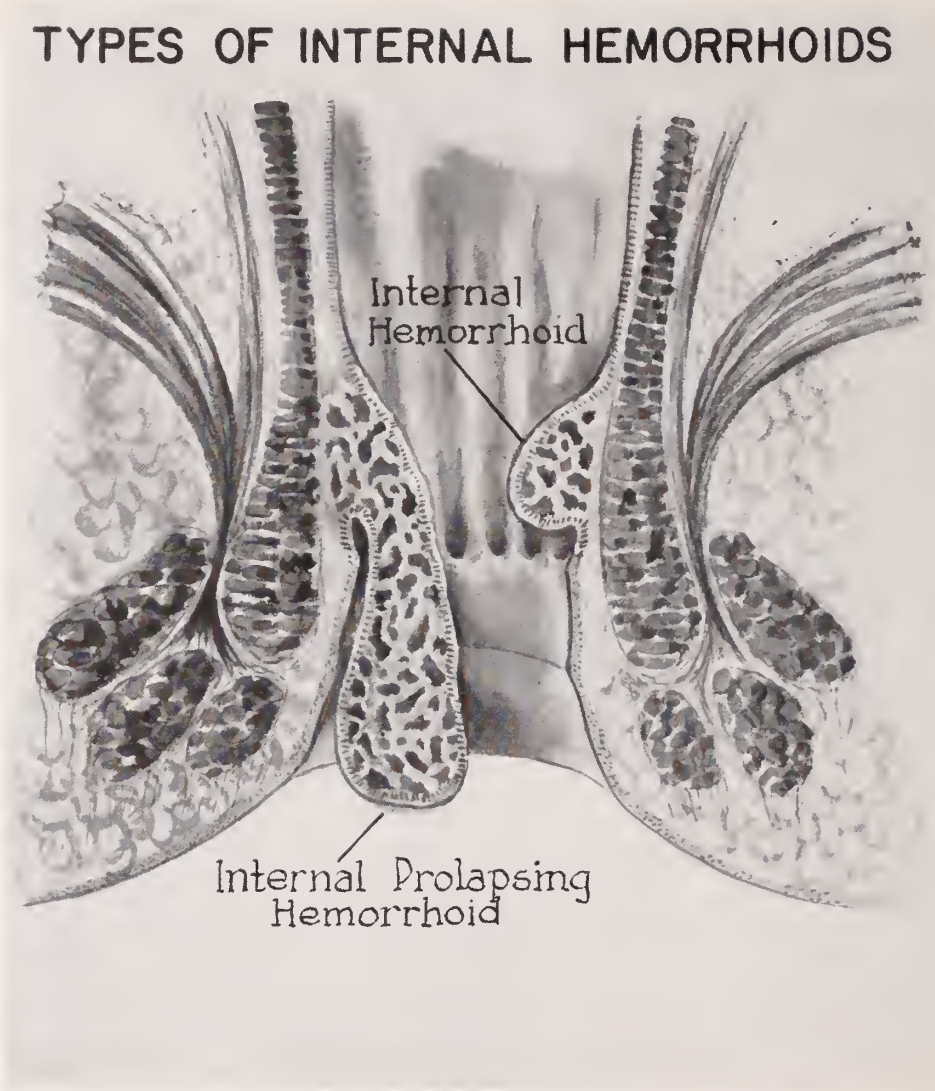


FIGURE 4.

2. To avoid sloughing, do not inject into previously injected fibrous hemorrhoids, particularly if the solution does not easily pass into the injection area.
3. To avoid severe pain, do not inject below the pectinate line.
4. To avoid further contamination, do not inject in the presence of acute infection.

Internal Prolapsing Hemorrhoids — Anorectal swellings above the pectinate line that are covered with mucosa and have become loosened from their underlying attachment; prolapse occurs with each bowel movement (Figure 4).

SS — Continuous, dull anal pain during prolapse only.

PF — Prolapsing masses covered by mucous membrane — may or may not be reducible — and may or may not be bleeding.

RX — Rarely respond to injection treatment. Surgical excision, therefore, is mandatory. In patients who are poor surgical risks, injection treatment may provide temporary relief and should be attempted.

External Hemorrhoids (Thrombotic Hemorrhoid) — Tender, bluish areas and/or swellings covered with skin that are located at the anal opening.

SS — Continuous dull pain and, if skin is broken, bleeding (toilet paper type).

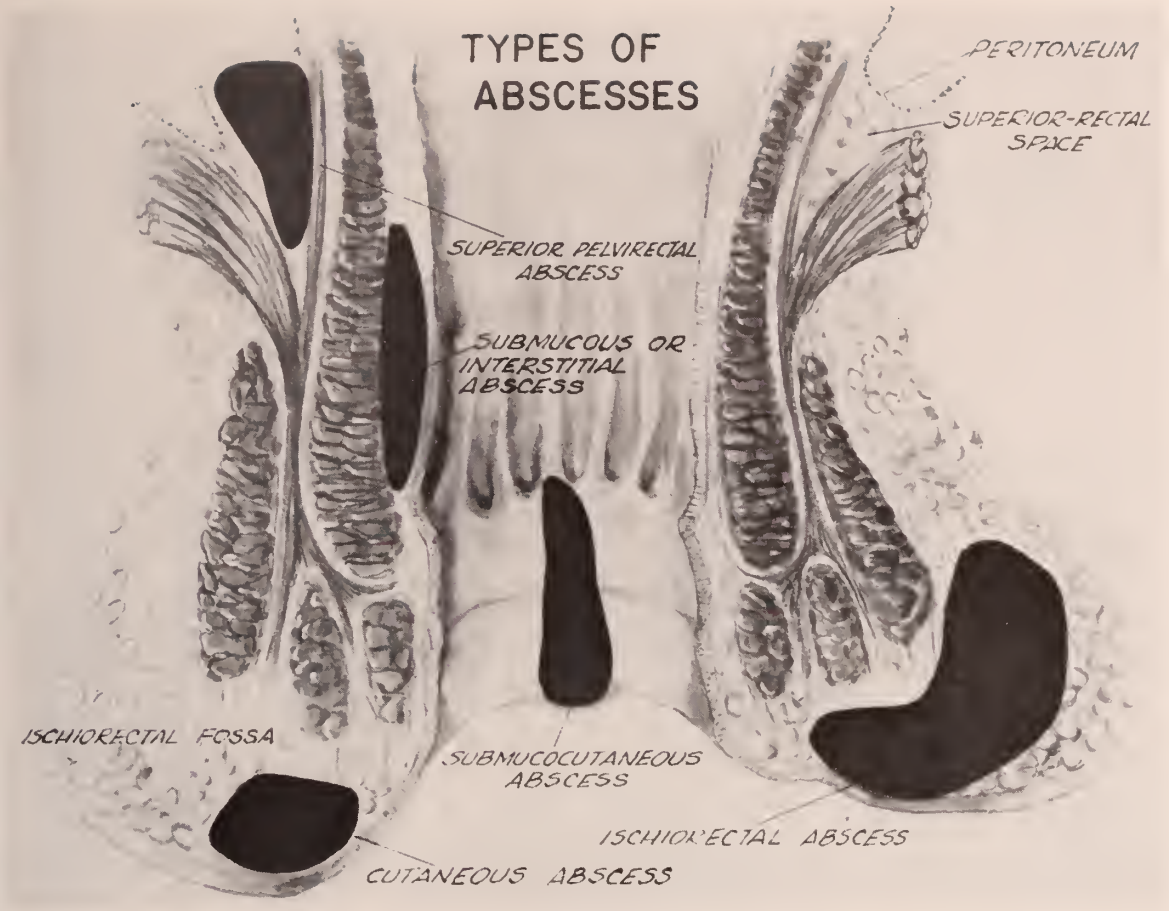


FIGURE 5.

PF — Bluish swelling at anal verge covered by skin — usually tender.

RX — If swelling reported shortly after it occurs, most effective treatment is continuous local application of an icebag, stool softeners, and analgesics, such as Phenaphen® with Codeine (gr. ½), every 3-4 hours. Icebag should be applied for first 48 hours and later followed by hot sitz baths. If thrombus is large and pain is severe, however, the following simple procedure can be used: 1) inject local anesthetic over and under the center of the swelling; 2) excise elliptical piece of skin over swelling; 3) dissect and remove thrombus; 4) control bleeding by suture or ligature and oxycel gauze.

Strangulated Hemorrhoids — An irreducible prolapse of gangrenous internal hemorrhoids and a ring of edematous, thrombotic external hemorrhoids.

SS — Continuous, severe anorectal pain and sero-sanguinous or bloody discharge.

PF — A ring of prolapsed bluish swellings with edematous swollen external tags — exceedingly tender with a sero-sanguinous discharge.

RX — Witch hazel compresses, analgesics, Anusol® with hydrocortisone (Anusol®-HC) suppositories and bed rest. When edema and inflammation have subsided, surgery should be performed.

Abscesses of Ano-Rectum — There is usually an occlusion of the internal opening of a chronic cryptitis or fistula. The majority of these abscesses are perianal in location (Figure 5).

SS — Continuous, throbbing anorectal pain and a localized swelling that is inflamed, tender and indurated.

PF — Above, plus leukocytosis, elevated temperature and increased pulse rate. If the bidigital examination

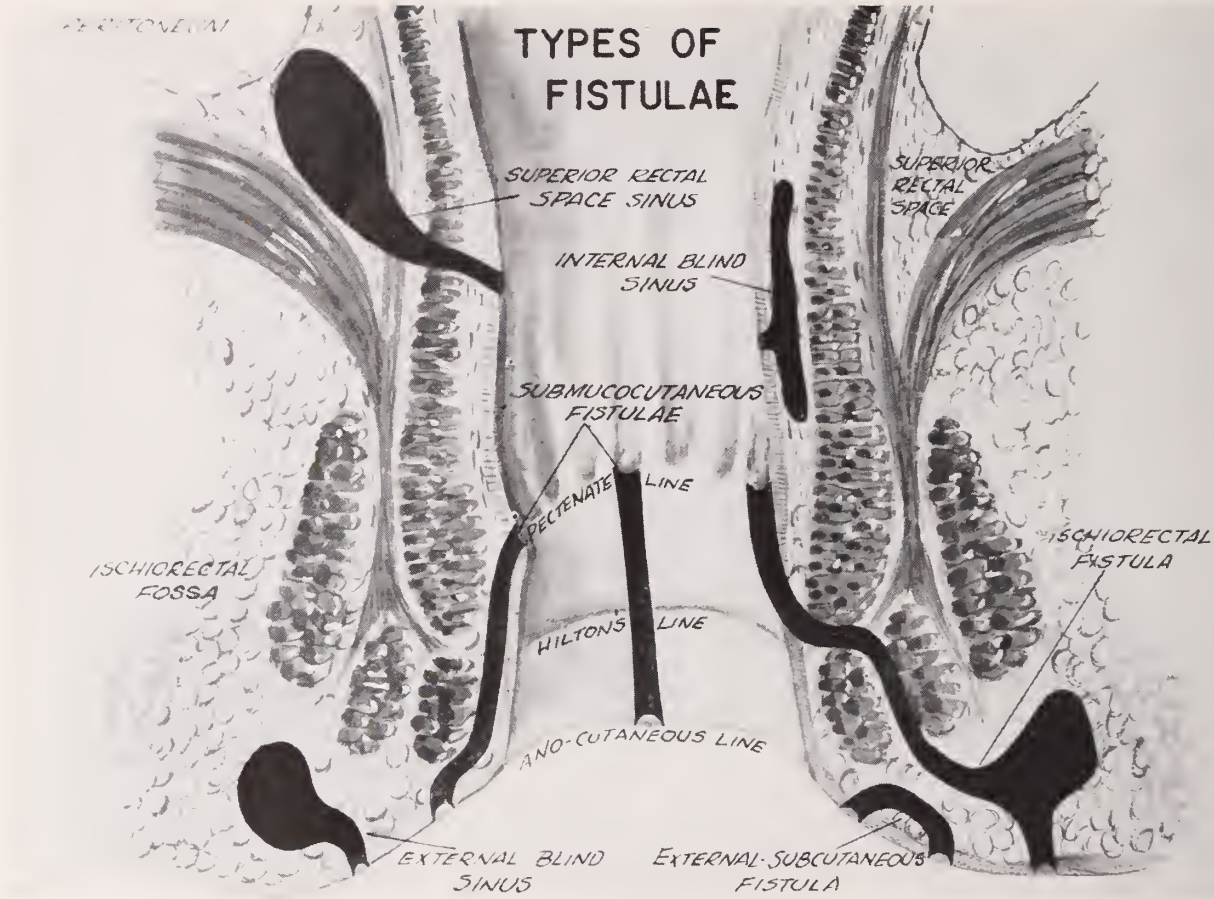


FIGURE 6.

reveals a tender mass between the thumb and index finger, a deep abscess should be suspected. *NOTE:* Abscesses of this type are frequently overlooked.

RX — Treatment is always surgieal under general anesthesia, and entails an ineision of the abscess, breaking up of trabeculae in the abscess cavity, plus ineision or exeision of the crypt or fistula leading to the abscess. In most cases it is *unnecessary* to wait for the infection to subside before attempting surgery. Both the incision of the abscess and ineision of the fistula can be done in one operation, saving the patient expense, ineonvenience, pain and loss of time.

Cryptitis and Papillitis — An inflammation of the anal crypts and papillae.

SS — Sharp, short-lasting anal pain or burning with bowel movements.

PF — Digital examination may reveal an indurated, tender depression at the pectinate line; hypertrophied and tender papillae may also be found occasionally (Figure 3). Anoscopic examination will reveal crypts and papillae which may be red and inflamed, or white and greatly hypertrophied.

RX — Stool softeners (a sulfo-succinate preparation); analgesics; hot sitz baths, b.i.d; local medication, such as Anusol® with hydrocortisone (Anusol®-HC). If conservative treatment is ineffective, surgical excision of the crypt and papillae should be performed.

Fistula-In-Ano — The end result of an acute cryptitis with perianal abscess formation which has broken open, giving rise to a tract leading from the pectinate line to the skin (Figure 6).

SS — Sharp, short-lasting anal pain with bowel movements; chronic dis-

Table 1.

Treatment of Various Types of Pruritus Ani

Type	*Treatment*
Simple — a) Due to a discharge from a fissure, fistula or postoperative wound	Removal of the underlying cause plus local application of 10% silver nitrate followed immediately by local application of 5% tannic acid in 95% alcohol.
b) Following or concurrent with antibiotic medication.	Cessation of antibiotic plus local application of Carbo-Fung® solution. Ingestion of cottage cheese, buttermilk, Bacid®, 2 caps., 4 times daily, in milk.
c) Due to amebic colitis. Diagnosis based on a history of loose, or loose alternating with constipated stools plus the finding of dwarf or large *Endameba histolytica* cysts in the stool.	Alternating courses of Diodoquin® (10 gr.) 3 times a day for 10 days, followed by Carbarsone® capsules (0.25 gr.) twice a day for 10 days. Course should be repeated once. Chloroquine® (0.25 gr.) twice a day for 5 days, then one daily for 3 weeks, as a final course.
d) Due to pinworms. Diagnosis based on history of itching, plus visible pinworms on external and internal anorectal inspections. Scotch tape applied around the anus before retiring will "capture" ova of the worm so that they can be found on examination.	Various forms of treatment have been advocated; the most effective appear to be Diphenan® wafers, piperazine, Terramycin® and Povan® suspension.
Fungus — A fairly common type caused by local fungal invasion; frequently seen during or following moderately prolonged antibiotic therapy. Quite easily recognized as a moist dermatitis with a papulo-macular ring around anal opening.	If antibiotics are suspected as the cause, they should be discontinued. The dermatitic area should be thoroughly painted with Carbo-Fung® solution, three times weekly.
Neurogenic — Usually found in highly emotional, neurotic-type individuals, and is frequently associated with other areas of neurodermatitis. It is characterized by a patch of perianal dermatitis which is either raised, thickened or weeping.	Treatment should be directed at the neurotic component of the disorder, i.e., sedatives and/or tranquilizers should be used as indicated. In addition, corticosteroid ointments such as Pantho-F® cream (0.2% or 1%) should be applied.
Intractable —The end result of any of the above types when they have persisted for prolonged periods of time. Diagnosis based on history and the presence of lichenification around anal opening, plus multiple abrasions throughout perianal area.	Treatment is almost always surgical, the procedure of choice being the "clover-leaf" operation or perianal neurotomy.

charge from the external opening (a common cause of pruritis ani).

PF — Presence of an external perianal opening which exudes pus on pressure. Digital examination may reveal an indurated depression at the pectinate line; the tract may be felt as a cord-like structure running from the internal to the external opening. Anoscopic examination may reveal an internal opening at the pectinate line that will admit a crypt hook.

RX — All fistulae necessitate the excision of the entire tract, if possible, and therefore should be treated surgically. In most cases, incision of the entire tract (fistulotomy) is more easily performed and is often sufficient. In all procedures, location of the internal opening is of paramount importance. To do this, *Salmon's* or *Goodsall's Law* should be followed.

Pruritus Ani — An itching, either acute or chronic, around the perianal area, which tends to become more severe during the night; all types may become intractable. In general, most types of pruritus ani will respond to simple treatment involving cleansing the anus with cotton and mineral oil instead of toilet paper, avoiding alcoholic beverages and highly seasoned foods, applying a corticosteroid ointment, and using sedatives. In severe intractable cases which do not respond to medical management, surgery is indicated, the procedure of choice being the "clover-leaf" or perianal neurotomy.

Coccygodynia — A chronic painful condition about the coccygeal area due to a spasm of the levator ani, coccygeus or pyriformus muscles.

SS — The *acute stage* (usually called proctalgia fugax) involves a history of acute, nocturnal rectal pain, increasing in intensity over a period of 5-10 minutes, which gradually subsides. Patient usually left weak and limp, but otherwise normal. *Chronic stage* involves rectal-coccygeal pain on sitting or arising, or both; pain sometimes radiates to either buttock or down the back of the thighs.

PF — Digital examination reveals exquisite tenderness around the coccyx and in the levator ani muscles.

RX — *Digital massage* (performed 3 times weekly) of the levator and coccygeus muscles, starting at the center and passing laterally; repeat on opposite side and around tip of muscles. If massage is ineffective, injection of 1 cc. of Nupercaine®-in-oil into the offending muscles should be done; injections should be repeated twice weekly, selecting the site of greatest tenderness at each succeeding visit.

Rectosigmoidal Polyps — Pedunculated or sessile growths arising from the mucosa and extending into the lumen of the rectum or sigmoid.

SS — Usually symptomless, but may give rise to bloody mucous in the stool.

PF — If low enough, may be located on sigmoidoscopic examination; otherwise found on X-ray examination.

RX — All polyps should be biopsied and should be removed because of their malignant tendencies. Removal can be performed by either surgical excision, electric snare, or desiccation. Total colon endoscopy should be performed to locate other growths.

NOTE: Carcinoma, although briefly referred to in the section on differential diagnosis, has been omitted from this section since it represents a topic in itself.



Rx Review Article

Use of Amitriptyline Hydrochloride In General Practice

Seymour Diamond, M.D., *Chicago*

In a general practice, one of the most frequent and important conditions encountered are emotional depressions and anxiety states. Since many of these patients seen in an office practice do not require psychiatric hospitalization nor out-patient electro- or shock therapy, much attention has been focused on the psychopharmacotherapeutic agents for office-home management. To date the antidepressants, such as imipramine (Tofranil), phenelzine (Nardil), methylphenidate hydrochloride (Ritalin), and the amphetamines have been valuable therapeutic aids which tend to lessen depression.

Early clinical reports indicated the efficacy of amitriptyline as an antidepressant.[1,2] The wide variety of properties were also reported as an important adjunct to the control of anxious, depressed patients.[2,3]

Studies by Freed[3] and Dorfman[4] told of the effective use of the drug parenterally, both by intramuscular and intravenous injection, in controlling anxiety and tension in these patients.

A controlled double-blind study[5] demonstrated by objective means the clinical effectiveness of the drug. They were able to show by means of objective perceptual tests the significant effect of amitriptyline as compared to placebo.

On the basis of these favorable reports on the use of amitriptyline by psychiatrists and the controlled observations of its effect, we undertook the evaluation of the drug in ambulatory patients in a general practice.

We have recently tested the efficacy of an antidepressant, amitriptyline hydrochloride (Elavil®)* in 72 patients suffering from various types of mental depression, and have been very much impressed with the favorable results obtained, particularly in those patients where other antidepressants had been administered without resultant benefit. Side effects with amitriptyline were minimal.

Pharmacology. Amitriptyline hydrochloride resembles imipramine pharmacologically, both having a similar spectrum of activity. It is a dibenzocycloheptadiene derivative and has antidepressant and tranquilizing components which act primarily on the central nervous system.[6] In laboratory studies amitriptyline shows significant activity, both as an antihistamine and as an antiserotonin. The drug also has mild anticholinergic properties. Little or no effect on blood pressure or pulse was shown in the animal pharmacologic studies.

Clinical Material

Seventy-two ambulant patients were treated with amitriptyline. The categories of mental depression and anxiety were:

Reactive depression	11
Anxiety and depressive neurosis	28
Manic-Depressive Psychosis	3
Schizophrenia	1
Involutional Reaction	22
Senile Depression	7

The initial dosage was 25 mg. t.i.d. or q.i.d. for two to eight weeks. The dosage was then

Instructor of Neurology, Chicago Medical School; Associate Attending, Cook County Hospital Staff, Illinois Masonic and St. Joseph Hospitals.

Through a grant by the Samuel H. Flamm Foundation.

*Manufactured by Merck Sharp & Dohme, West Point, Pa.

reduced to 10 mg. t.i.d. or b.i.d., depending upon the severity of the complants. Some patients with mild depression or anxiety, as well as adolescent and elderly patients, were satisfactorily treated with 10 mg. q.i.d. In addition, a few patients received the drug intramuscularly in order to facilitate relief. The parenteral dose used varied from 10 to 30 mg. (1 - 3 cc.). The entire treatment period did not exceed 3 months. Once alleviation of the symptoms was obtained, the patient was placed on a maintenance dose. If after three months no improvement was noted, the drug was discontinued.

In our series the predominant side effects were dryness of the mouth in 10 patients, profuse sweating in 3 patients, and dizziness in 3 patients.

Anxiety and Depressive Neurosis. There were 28 patients with simple depression and anxiety states whose predominant symptoms were loss of enthusiasm, dejection, discouragement, feelings of unworthiness, failure, sinfulness and guilt. Somatic complaints were headaches, fatigue, loss of appetite, and poor sleep. The age range of the patients was from 26 to 61 years. Some of these patients had previous treatments with other antidepressive agents or psychotherapy before amitriptyline was administered. Five patients also had peptic ulcer; 1 patient had a spastic colon; and one patient had an ulcerative colitis. Mental depression accompanied pregnancy in one patient; postpregnancy depression in two patients; depression following death of spouse in one patient; postoperative depression in one patient; and alcoholic depression in three patients.

Marked improvement, that is, complete alleviation of depressive or anxiety symptoms, was noted in 14 patients. Moderate improvement (approximately 50-75% relief of symptoms) occurred in five patients. Slight improvement (25-50%) was noted in two cases; no improvement resulted in seven patients. In the unimproved category, three patients were alcoholic depressives and one was extremely overweight, 450 pounds. The side effects in this group were dryness of the mouth in two cases, one associated with profuse sweating.

Reactive Depression. There were 11 patients with reactive depression, the predominant complaints being dejection, discouragement, difficulty in going to sleep, inner tension, and feelings of restlessness. Seven patients showed marked improvement; three patients had moderate improvement; and one patient was unimproved. Dryness of the mouth was experienced in only one case.

Manic-Depressive Psychosis. There were three patients in this category, aged respectively, 65, 35, and 58. One showed some schizophrenic manifestations. There was no improvement in two cases and slight improvement in one case.

Schizophrenia. There was only one case in this classification, in a male, 51. He also had a peptic ulcer. He has been diagnosed as simple schizophrenia and was treated psychotherapeutically. He experienced complete alleviation of anxiety after Elavil administration with concomitant improvement of his ulcer symptoms.

Involutional Reaction. There were 22 patients (21 females, 1 male) with involutional psychosis, whose predominant symptoms were restlessness, insomnia, worry, increasing depression with apprehension, fatigue, concern about decline of the self and self-recrimination. The age range was 41 through 63 years. Three patients also had peptic ulcer.

Marked improvement (complete relief of symptoms) occurred in 14 patients, which is remarkable since involutional depressions can usually be expected to be of long duration, and these patients do not spontaneously recover without treatment. Moderate improvement was noted in four patients. Four patients showed no improvement. Side effects were: dryness of mouth, 7; dizziness, 3; profuse sweating, 2.

Senile Depression. There were 7 patients with severe senile depression with predominant complaints of morbid ideas of poverty, disease, feelings of being unwanted and being a burden on someone. Four patients showed complete improvement; 3 patients evidenced no response to the drug.

REFERENCES

1. Ayd, F. J., Jr., "Amitriptyline (Elavil) Therapy for Depressive Reactions," Psychosomatics 1:320, Nov.-Dec. 1960.
2. Dorfman, W., "Clinical Experiences with Amitriptyline (Elavil)," Psychosomatics 1:153, May-June 1960.
3. Freed, H., "On the Parenteral Use of Amitriptyline (Elavil-Merck): A Preliminary Report," Am. J. Psych. 117:455, Nov. 1960
4. Dorfman, W., "A New Parenteral Antidepressant (Elavil)," Diseases of the Nervous System 22:143, March 1961.
5. Ostfeld, A. M., "Effects of an Antidepressant Drug on Tests of Mood and Perception," Sup. Diseases of the Nervous System 22:24, May 1961.
6. Vernier, V. G.: The Pharmacology of Antidepressant Agents, Sup. Diseases of the Nervous System 22:7, May 1961.



International Travelers' Hints, Kits and Immunization Tips

JULIUS M. KOWALSKI, M.D., *Princeton*

A trip to Europe? How exciting! Peripatetic Americans are everywhere. Let's go!

Following the first burst of enthusiasm from stirring thoughts of going abroad, the glamor begins to wane after the quick scanning of colorful travel brochures and serious questions slowly evolve. Travel is a broadening experience. They do things differently over there — very strangly, indeed, in given situations, but they still get along. An awareness of the myriad problems encompassing day-to-day living to affairs of state is important, especially to visitors in foreign lands for the first time, if fair evaluations are to follow the sometimes startling observations and first impressions.

Though most travelers will be as healthy abroad as they are at home, it appears painfully redundant but bears emphasis that unless one has had a thorough physical examination in the recent past, one should be obtained before departure, even if the trip will be of only a short duration. And not the brushed-over-once-lightly kind at the 11th hour. The minimal laboratory studies should include a blood count, urinalysis and chest X-ray. Such examination and procedures are reassuring in themselves, and it is comforting to know where ones' physiological baseline is if reference to it becomes necessary. An appointment with the dentist now could forestall many painful hours in a foreign hotel later.

What is an European trip like? For the most part, it means that one is on the go from early to late every day catching buses, trains, planes and sometimes getting lost, missing connections. It also means excitement, splendor, abysmal squalor, a frustrating inability to communicate with the man on the street, stress, and fatigue.

Abundant safe water supplies and adequate sanitation facilities are not well developed in many European areas, but progress in this direction is evident. Health codes and Departments of Health (if operational) are not, for the most part, as vigilant as ours. Unless there is a sign near a water tap in a hotel or elsewhere specifically stating that the water is safe to drink, an inquiry should be directed to responsible personnel before doing so or brushing one's teeth with it.

Water is not served with meals generally; wine is the table beverage, especially in France and the southern European countries. But to slake one's thirst meal after meal and in be-

tween with a bacteria-free beverage like wine is a bit unusual for most Americans. And iced alcoholic drinks are to be avoided if the ice is made with contaminated water. The familiar American carbonated beverages available in most larger cities are preferable.

Pasteurized milk and milk products are to be found in the larger centers frequented by travelers in England, the Scandinavian countries, Netherlands, Belgium and Switzerland. In out-of-the-way places in these countries and in all other European countries, only boiled milk is considered safe. The same class of foods responsible for outbreaks of gastroenteritis in the United States is suspect in Europe, namely: milk and milk products (creams, custards, creamed foods), cold egg foods, meat and potato salads and uncooked meats — fresh, smoked or pickled.

The large meal is a late meal — larger and later than most Americans are accustomed to. This new habit, plus the exotic foods acclaimed as epicurean delights, result in restless nights.

A number of valid points can be made for a guided tour by a reputable travel agency for those who have never been abroad before. Travel, lodging and meals are arranged with tested, acceptable facilities. The guides have chosen this helter-skelter herding of euphoric groups as their calling. More often than not, they are reliable persons, knowledgeable to the needs and desires of Americans. Most guides are walking Baedekers, answering innumerable questions about places and customs, and they know how and where to obtain further information. As interpreters, their help is invaluable with the language barriers.

The Illinois State Medical Society is sponsoring a travel plan by jet flight to London this July and return in August. Arrangements to have our members attend the British Medical Association's clinical conference have been completed. From London six divergent tours are planned spanning Scandinavia to Israel. Alternative independent arrangements also are available. Details have appeared elsewhere in the Journal.

Medications are generally sold more freely over the counter in Europe than here, but if one is using a prescription drug regularly, it is wise to have a sufficient supply for the entire trip. Prescriptions cannot always be filled with the expediency we expect from our pharmacies.

To make a medicine kit is not difficult and devoting a few hours to the subject now may spare one later agony. In the following list, names of drugs are given with possible uses, but no preference to trade names is implied. These suggestions are only for temporary treatment of transitory undiagnosed conditions; a persisting disease demands specific diagnosis and treatment.

Skin: Contactants, itch, sunburn. (Caladryl®, Terra-Cortril®, hydrocortisone lotion, Temaril®, sun-screening lotions, cold packs.)

Eye: Excessive exposure to sun, wind, and irritations. (Visine® eye drops.)

Ear: Otitis externa, swimmers' ear, itching ear. (Lidosporin®, Vo-Sol® HC otic solution.)

Nose: Nasal congestion, sinusitis. (Neo-synephrine® Nasal Spray, Drilitol® Spraypak, Tyzine®, Ornade® spansules, Coricidin® tablets, Aspirin, APC's.)

Throat: Infections. (Oral sulfas-Gantanol®, Madribon®, penicillin, Terramycin, Achromycin®.) Cough. (Hycodan® tablets, Tuss-Ornade®, Tessalon® perles, Coricidin® tablets.)

Gastrointestinal tract: Gastritis, colic. (Antacid tablets, spasmolytic tablets — various formulations.) Enteritis, diarrhea. (Kaopectate® Donnagel®-PG, Quintess®-N, Solol-opium-Bismuth tablets.)

Rectum: Constipation. (Dulcolax® tablets, Duleolax® Suppositories.) Hemorrhoids. (Rectal suppositories — Anusol-HC®.)

Muscle: Strains, sprains and contusions. (Ananase®, Buclamase®, Chymoral®, Orenzyme®, Soma®.)

Since the most crusty sea dog or a ranking Admiral can succumb to sea sickness at times, it behooves the average land-lubber to be prepared for this discouraging illness when going by air or sea. Travel in crowded, smelly, bumpy trains and busses induces nausea, too. Bonine® or Dramamine® one-half hour before starting a trip and every 4 to 6 hours thereafter, if necessary, ameliorates the distress.

The use of a nasal decongestant is advisable at the time of all ascents and descents, even though modern planes are pressurized. This precaution should be exercised by anyone with an upper respiratory illness or nasal congestion from any cause. Unless the Eustachian tubes and sinus passages are kept patent, particularly

while descending, painful aerotitis media and aerosinusitis may result. Nasal decongestants such as Neo-Synephrine®, or yawning, chewing gum or moving mandible sideways helps to open occluded Eustachian tubes, equalizing the pressure in the middle ear with the ambient pressure. It may be necessary for some individuals to use a nasal decongestant several times in a few minutes to clear blocked ears and sinuses when descents are rapid.

In regions where malaria or amoebic dysentary are known to exist, appropriate medication should be used.

Wearing comfortable, "broken-in" shoes with low heels will help to minimize achy leg muscles in women after a day of cathedral or castle stair climbing. Taking a muscle relaxant or an enzyme preparation listed above is helpful on strenuous days.

After a particularly hectic day for those persons prone to toss all night from the stress and excitement rather than sleep like rocks, phenobarbital, Seconal® or Librium® will afford gratifying rest.

The common headaches from various causes when one is on the go are readily relieved by aspirin or APC's. Band-aids are sure to be useful for blistered feet and other small skin disruptions. An extra pair of glasses is a must for those with refractive errors, and sun glasses should be worn on all bright days. Those who have had reactions to drugs such as horse serum, penicillin, sulfa, morphine, etc. should have this and other pertinent information (diabetes, anticoagulants, etc.) on a sheet and keep it in their International Certificate of Vaccination.

For centuries the sea captain's and caravan trader's medicine chest was a large, weighty contraption. A glance at the above list of drugs might give the misleading impression that the old sea chest is necessary for today's travel. But an evaluation of one's needs on the basis of past medical history, length of stay abroad and areas to be visited will reduce the medicine bag to the size of a shaving kit or smaller — a reassuring parcel. But, aspirin, a nasal decongestant, motion sickness, diarrhea medication and band-aids are a necessity.

Some health, accident and hospitalization policies cover medical care anywhere in the world — Blue Cross and Blue Shield do. But, first read your policy or contact your agent or insurance carrier. Take a claim form for a foreign physician or hospital with you; burdensome correspondence at a later date can thus be avoided.

Specific immunizations are suggested or mandatory for entrance into all countries and for re-admission to the United States. Detailed immunization information for international travel is contained in Public Health Service publication No. 384 available from the Superintendent of Documents, Washington 25, D. C., for 35 cents. The usual immunizations recommended by the United States Public Health Service and the Illinois Department of Public Health will protect the overseas traveler except in special areas. It is worthwhile to guard against the following diseases: Smallox, Tetanus and Diphtheria (Pertussis in children), Poliomyelitis (Salk and/or Sabin), Typhoid and Paratyphoid Fever, and Influenza for older adults. Additional immunizations are necessary only when visiting or passing through countries where these diseases are endemic: Cholera, Plague, Typhus and Yellow Fever.

It should be emphasized that only smallpox vaccination within the preceding 3 years authenticated on the International Certificate of Vaccination form approved by the World Health Organization is required for entrance into most European countries and re-admission to the United States. Consideration is given to a physician's written request for exemption from the smallpox vaccination requirement in the case of a traveler who is ill, or of advanced age, or where vaccination is medically contraindicated for a stated reason. But surveillance or detention up to 14 days of persons not having a valid certificate on re-admission to the United States may be imposed. Obtaining all of the immunizations or boosters as suggested is sound preventive medicine and conducive, at least in part, to a pleasurable trip abroad.

A 13th Century traveler in company with his brothers set out for that mystery-shrouded land of Cathay. He knew not the languages of the strange far Eastern countries; his journey was beset by many dangers, and he had no guide. His name was Marco Polo.

"The Growth of the Health Industry"

Austin Smith, M.D.

In a society where progress is considered the normal course of events and where graphs go ever upward, never downward, a certain article which appeared in the January 21, 1963 *Wall Street Journal* is of more than passing interest.

The article is headlined, "Makers Introduced 28 New Drugs in '62, Down from '41 in '61." Its first two paragraphs read as follows:

"U.S. pharmaceutical companies brought out only 28 distinctively new drugs in 1962, down from 41 in 1961, according to Paul de Haen, a drug industry consultant.

"In Mr. de Haen's annual report on the drug industry, he said the number brought out last year was the lowest recorded since 1948, the first year for which accurate data are available."

de Haen's report shows a general rise in the number of "new single chemical entities" introduced from 1955 to 1959 as follows:

1955	31
1956	42
1957	51
1958	44
1959	63

The table then shows a precipitous decline in the number of new single chemical entities introduced:

1960	45
1961	41
1962	28

These figures may come as a surprise to those who have been extolling the growth and productiveness of the American pharmaceutical industry these past few years. For though the industry has made significant — even spectacular — progress since its inception as a modern, full-scale enterprise in the late 1930's, the most rapid and intensive progress seems to have been made before 1960, with the past three years marking a down-turn.

These figures may also come as a surprise to Mr. Average American, who has been taking for granted and inevitable — almost as a birthright — the seemingly endless parade of so-called miracle drugs in the post-war period.

Perhaps, too, the figures may come as a surprise to some of the reformers who have been tinkering with the American private enterprise system these past few years. For it may be more than mere happenstance that the sharp drop from 63 to 45 and then 41 new products a year occurred during the years of the drug investigation, and that the low of 28 was reached in a year which saw both an artificially-generated drug scare and the most restrictive drug control regulations and legislation that have issued from government and Congress in 25 years.

A most serious question arises: How long can an industry continue to grow and keep functioning when so many demands are placed on it?

Truly burdensome regulations on clinical testing of new drugs went into effect February 7. These were published in the Federal Register January 8. The amount of paper work required from manufacturer and clinical investigator is monumental. The requirements are such as to risk making any manufacturer think twice before undertaking the extensive form-filling and reporting specified under these new regulations. And I fear many investigators may well be discouraged from performing their essential task for fear of the paper-work, the government's new right to peer into their records, and new liabilities and obstacles imposed upon them by legal pressures.

But these are nothing compared to the regu-

President, Pharmaceutical Manufacturers Association.

From a talk delivered before the PMA Central Region Meeting February 11, 1963.

lations that are pending in implementation of the rest of the new drug law. We understand these regulations will probably require the reporting of each complaint about a new drug, with some kind of statement as to what the company is doing about each complaint. We're still waging a battle over how many times the established name must appear on a label or a carton or a package insert in type half the size of the trade name, and exactly where on each. With respect to prescription drug advertisements, there still appears to be a difference of opinion at this time within F.D.A. on requiring a summary of *all* warnings, contraindications, etc. to be carried in each advertisement, or requiring only those statements which are related to the uses and indications mentioned in the advertisement.

Such is the climate in Washington. One wonders when and from where the next challenge will come. We used to say that the effect of the new law will depend on the nature of the implementing regulations. Now we say the effect of the implementing regulations will depend on the way they are administered. There is serious danger that these regulations will accelerate the downward trend in innovation which has already begun to show itself in the early 1960's. Smaller produeers could be driven out of business because of the new requirements and the additional administrative and clerical load they entail.

Many other companies, I fear, may be encouraged to rely on their older, well-established products rather than run the risk and expense of research, investigation, testing and development of new compounds. If this happens, one of the alleged basic purposes of the legislation — to bring better and safer drugs to the American people — will be thwarted.

Yet the industry, encumbered with these regulations, is still expected to ferret out new cures, continue its public service activities, participate in charitable activities such as Project Hope and the Cuban prisoner exchange, pay its share of income and property taxes, provide its employees with a decent wage, expand its research and development facilities, and still meet its obligations to its stockholders and bond owners.

To a large extent, we are victims of our own success. The members of the health team — physicians, pharmacists, nurses and hospitals as well as drug makers — have succeded so well in lengthening lives and curing disease, and today's drugs are so powerful and effective, that the average person seems more concerned about being protected against drugs than he is against disease. Our people are living longer, but since some have insufficient resources to cover the additional years, and since elderly persons often have more than a fair share of ailments, there is a problem. The tendency, unfortunately, has been to pin the blame on the very persons who have contributed to their longevity. And of course, there is no shortage of politicians to exploit this proclivity. All it does, though, is cause confusion and thereafter hinder scientific and social progress.

Despite the burdens placed on us, we in the pharmaceutical industry will go on, of course, with the task of finding and developing new drugs because we have no honorable alternative. This is our chosen work, and the health team's dedication to curing man's ills will persist even in the most restrictive climate. But the public must be made to realize that we can best perform our basic function in a climate of freedom. It is interesting to speculate how many additional new products might have been introduced by American drug manufacturers in 1960, 1961 and 1962 without the worries of inquisition, red tape and regulation.

There is no doubt that some regulation of the drug industry is neeessary, to discourage those who might want to cut corners or otherwise seek unfair advantage. But I seriously question the need for any massive weight of regulation being inflicted on us. I speak not only in the narrow interest of drug manufacturers, but also in the interests of taxpayers who must finance this vast governmental operation, and in the interest of those who could become seriously ill tomorrow and not have the benefit of withheld drugs that could save lives.

The health industry ean continue to grow only in a climate of freedom — freedom to research, develop and distribute new drug products; freedom of the physieian to prescribe as he sees fit; freedom of the pharmacist to stock and dispense all products of therapeutic valuc; and freedom of the patient to ehoose his doctor, drugs and hospital.

The drug industry can continue to grow, too,

only if the basic incentives of profit and gain are insured by our free enterprise system. Only by earning a reasonable profit can the industry find the funds to plow back into research and attract further investment that guarantees expansion and growth.

Senator Kefauver has said that he intends to reopen the patent issue during the current session of Congress. If, on top of all the current regulations, a basic incentive of the private enterprise system, rooted in the Constitution, itself, is to come under further scrutiny, then certainly the industry's dedication to innovation and discovery will come under its severest strain to date.

A recent study by the American Telephone and Telegraph Company concluded that profit and performance are inseparable. "In every industry," the report said, "good performance has come from companies with good profits. Poor performance has come from companies with poor profits. In fact, a firm's ability to perform well is directly dependent on its profit level. . . . Profits are vital to growth."

All of us as business people, professional people, citizens and taxpayers must continue the battle to preserve our fundamental economic freedoms against encroachment by the socializers, as only a freely competitive system of private enterprise can bring the greatest good for the greatest number. The Soviet Union, without a patent system, has not come up with a significant drug discovery since the Bolshevik Revolution. Indeed, Chairman Khrushchev recently said he intends to introduce some of the incentives of capitalism into the Soviet economy in order to raise productivity in the U.S.S.R.

If we are to preserve that which is good for this country, each of us must act, and act promptly, when the need arises. For example; I want to encourage everyone to submit comments on the new F.D.A. regulations as soon as they are issued. We will probably have only 30 days or so for comment, for there is a statuatory deadline of May 1, 1963 for their final promulgation. The Food and Drug Administration should be told exactly how each provision of the new regulations will affect your company. It is possible, given enough testimony on the possible side effects of the regulations, that the F.D.A. may be persuaded to issue final directives which will be fair and reasonable and not have the effect of curtailing further the flow of new medicines to those who need them urgently.

In conclusion, I should like to say a word about the operations of PMA firms abroad. About 70 member companies are now active in some or all of about 60 overseas markets, and one firm has outlets of one type or another in approximately 100 countries.

In many ways, the picture of the American drug industry abroad is a mirror image of the situation at home. This, I think, is to be expected, since the United States holds leadership in this field, and whatever happens in the United States is bound to have extensive repercussions abroad.

Indications are that the upward curve of foreign sales, which in 1961 accounted for 25 per cent of total sales, has risen still further in 1962. This remarkable expansion has brought the priceless gift of health to many millions of people who otherwise would have died or would have led a disease-ridden, hopeless existence.

In the Philippines, for example, American-produced drugs, together with improved medical knowledge and better living conditions, have increased the average life expectancy by more than 20 years since the turn of the century. In the Philippines, in 1960 as compared with 1926, deaths from tuberculosis were down 65 per cent; from malaria, 98 per cent; from dysentery, 95 per cent; and from whooping cough, 93 per cent. As recently as 1934, one out of every 157 Filipino mothers died at childbirth; today their mortality rate at childbirth compares favorably with our own. And while, in 1918, one quarter of all children born in the Philippines never saw their first birthday, today only 85 out of every thousand Filipino children die before they are a year old.

Despite the major role the American drug industry has played in the world-wide victories over death and disease, hostile voices or rumblings are heard in a number of areas overseas. They are either reverberations from well-known Senatorial hearings in this country or the result of a rising tide of anti-Yankee nationalism, or a combination of both, with some vested local interests thrown in for good measure. Unfortunately, these are not just sound effects. Sooner or later they take the form of restrictive legislation, official harassment, unfriendly press treat-

ment — in short, inhibition of free competitive trade in the open market place. Investigatory hearings concerning drugs already have been held in a number of countries. In others debates have been raised in governments, and in still others restrictive measures, legislative and regulatory, already have been proposed, Colombia being an excellent example of what can happen.

In most instances such negative developments are due to misconceptions about our industry held by the highest government officials. These misconceptions, in turn, are caused not only by misinformation supplied by inimical forces, but also, in large measure, to a lack of communication between the leaders of the countries concerned and top management in our industry.

Our first order of business in a number of critical areas of the world, as it is in the United States, is to begin to speak in a clear voice to the governmental, legislative, professional and public opinion leaders of those countries. In so doing, we should display what I like to call industrial statesmanship and diplomacy. This means a willingness to understand local problems and to approach them in a constructive manner with a view to participating in their solution, without surrendering our fundamental rights and without jeopardizing our sizeable investments in the economies of many of these countries. We have taken steps in this direction. But much more needs be done.

Obviously, the pharmaceutical industry will have problems to face in the years to come, in fact, more, in my opinion, than at any time in the past. But this observation is not intended to paint a black picture on the country, it merely reflects the existing challenges ahead for all of us in this game of trying to put ourselves out of business by improving the health of all mankind. In fact, there are four factors that will assure continued growth of the health industry despite governmental or any other restrictions:

1. The continued growth in population, especially in the older and younger brackets, which require the most medical attention.

2. Ever-expanding markets created by rising standards of living and correspondingly greater interest in good health.

3. Increasing efforts to keep our senior citizens with their increasing life span active, healthy and productive.

4. The great needs in other countries of the world.

These are incentives enough to whet initiative and imagination. But our contributions will be the greater if they can be made in an atmosphere of personal freedom, unfettered by unreasonable restraint and regulation, where the power of invention can be brought to fruition.

I would like to conclude by reciting a creed, which is not original with me, but which would be helpful for drug industry representatives to use in telling our story to the public, and by citing a story with a moral which is a lesson for all of us. The creed goes as follows:

MY CREED

"I do not choose to be a common man. It is my right to be uncommon — if I can. I seek opportunity — not security. I do not wish to be a kept citizen, humbled and dulled by having the state look after me. I want to take the calculated risk; to dream and to build, to fail and to succeed. I refuse to barter incentive for a dole. I prefer the challenges of life to the guaranteed existence; the thrill of fulfillment to the stale calm of utopia. I will not trade freedom for beneficence nor my dignity for a handout. I will never cower before any master nor bend to any threat. It is my heritage to stand erect, proud and unafraid; to think and act for myself, enjoy the benefit of my creations and to face the world boldly and say, this I have done. All this is what it means to be an American."

Great Names in Chicago Medicine

Morris Fishbein, M.D., *Chicago*

Cook County Hospital

In 1910 Dr. William E. Quine wrote for the Society of Medical History of Chicago on the early history of the Cook County Hospital. Cook County itself began in January 1831. Its first hospital was the Mercy Hospital which took care of the sick for the county from January 1, 1851 until August 8, 1863, at a cost of $3 per week per patient. Chicago at that time had about 4,000 people. The first Cook County Hospital was located on Wentworth and 18th Streets; Wentworth at that time was Arnold Street. The first city hospital was built in 1854 for the isolation and care of cholera patients. It was demolished in 1856 and a new building with a stone basement was built on the same corner for $75,000. At that time there were more homeopaths in Chicago than in any other city in the United States — in fact 40 per cent of all of the homeopathic physicians in the world were in Cook County. The first clinical instruction given in the Cook County was given to the students in Rush Medical College in 1859 and 1860. That was the year when five physicians — Nathan Smith Davis, H. A. Johnson, Edmund Andrews, W. H. Byford, and J. H. Hollister — withdrew from the faculty of Rush Medical College, took the Mercy Hospital with them and used it for teaching, when they organized the new Chicago Medical College. The capture of the city hospital was a countermove by the Rush faculty. In 1862 the United States confiscated the Cook County Hospital and opened it as an Army hospital. It was called the Desmarres General Hospital. It was occupied exclusively by eye and ear patients. Great political manipulation followed the war. Dr. George K. Amerman got himself elected a member of the Cook County Board of Supervisors and took over the Cook County Hospital by leasing the premises from the city and maintaining it as a county benevolence. The capacity of the hospital was then 130 beds. Early in the life of this hosiptal the house staff included Nicholas Senn, De Laskie Miller, Quine, Dyas, and J. W. Tope.

Dr. W. H. Byford was in his time considered the greatest gynecologist west of the Alleghanies. One of the first Cook County physicians was Dr. Thomas Bevan who was the father of Arthur Dean Bevan.

When in Rush I met Henry Baird Favill, a great man in medicine, an internist of partial Indian ancestry, a public minded citizen, whose son John B. Favill also achieved distinction in medicine in Chicago.

Among the early medical organizations in Chicago were the Medical Club and the Therapeutic Club.

Isaac Newton Danforth

When I came to Chicago Dr. John Clarence Webster was professor of gynecology and obstetrics in Rush Medical College. At a meeting of the Society of Medical History in 1913, Dr. Webster wrote about Dr. Isaac Newton Danforth, a remarkable physician who was succeeded by his son, Dr. William C. Danforth, and later by Isaac N. Danforth who achieved great distinction in obstetrics in Evanston.

Isaac Newton Danforth came of a long line of physicians since nine of his ancestors had practiced medicine. A sister of Dr. Danforth married the famous Dr. William Beaumont. Dr. Danforth began by studying medicine with his uncle, Dr. Samuel Parkford Danforth, at Royalton, Vermont. There he met Henry L. Lyman, a medical student who had come from Harvard Medical School. Danforth went in August 1880 to Hanover, New Hampshire, to attend lectures in the medical department of

Part 2 of a 3-part series. Part 3 in next issue.

Dartmouth College. When he came to read his thesis at the time of graduation he spoke "On the Effects of Tobacco on the Nervous System." For a while he practiced in Greenfield, New Hampshire. Then in 1864 "Western fever" seized the eastern portions of the United States. Dr. Danforth took a few months of postgraduate study in Philadelphia and in March 1866 he said that he had "a violent attack of Chicago-on-the-brain." He established an office at the corner of Randolph and Peoria Streets. In 1870 he was made pathologist at St. Luke's Hospital and he with others was instrumental in starting Wesley Hospital. He became a member of the faculty of the Chicago Woman's College in 1875. For a short time he was pathologist to the Cook County Hospital, preceding Christian Fenger. Incidentally Dr. Danforth became first president of the Society of Medical History of Chicago when organized in 1909. Among his other writings was "A Life of Dr. Nathan Smith Davis." He was chief of the medical staff of Wesley Hospital during the first ten years of its existence.

John Henry Rauch

After 14 years of continuous service as executive officer of the Illinois Department of Public Health, John Henry Rauch was removed in 1891 because of political influence. Public health officials until quite recent times in Illinois were constantly involved in political maneuvering, not by themselves but by office seekers.

John H. Rauch was educated in botany, geology, and medicine. He was made professor at Rush Medical College in 1857, coming from Iowa. Returning to Chicago immediately after the Civil War he began to improve the Chicago Department of Public Health and got a new ordinance through. From this position he resigned in 1873 at the establishment of the Illinois Department of Public Health and became its first health officer. He opposed cemeteries in cities and the one removed from the foot of North Avenue made possible Lincoln Park. In 1868 he began to agitate for a comprehensive park system. He wrote the only sanitary history of Chicago that exists. His work became so widely recognized that he was called in 1870 to South America for consultation on the sanitation of the Venezuelan gold mines. He was charged with enforcing the Medical Practice Act and the act which he created for Illinois became the model for 33 other states and territories. In 1886 he wrote a book on "Medical Education and Medical Colleges in the United States and Canada," which is known as his masterpiece.



ISMS Names "Most Outstanding" Illinois Physician

"Most Outstanding Man in the History of Illinois Medicine" is the title voted by the ISMS Board of Trustees to Nathan Smith Davis, founder of the American Medical Association. Profiled fully in Dr. Fishbein's article in the March issue, Dr. Davis served as the 16th and 17th president of the AMA.

In 1849 Dr. Davis came to Rush Medical College from New York and later organized the medical department of Lind University, later known as Chicago Medical College, and finally, Northwestern University Medical School.

IMPAC— Who, What and Why

John A. Newkirk, M.D.

Politics, a demanding modern art, requires of its participants freedom from naivete. From this arises the need for political education. Political action demands ingenuity and effort, dollars and man hours.

These facts led to IMPAC. The Illinois Medical Political Action Committee developed at a meeting attended in August of 1960 by a number of Illinois physicians. Voluntary, nonpartisan, permanent, unincorporated, statewide, grass roots, and dynamic are all appropriate adjectives for the organization, which, like Topsy, just grew.

From this group of pioneers, the late Joseph T. O'Neill, M.D., of Ottawa, became the first chairman. When he formally announced the establishment of IMPAC, Dr. O'Neill said, "It is necessary to assume our responsibility as good citizens — to offer leadership in the selection of good, qualified men and women to serve in our legislative halls and to aid them, if we are to preserve true representative government."

When the Charter Membership Dinner was held at the St. Nicholas Hotel, Springfield, in October of that year, Dr. O'Neill explained that IMPAC would assume two types of responsibilities: political education and political action.

The members of the new committee were soon able to get their feet wet in political waters. Within several weeks after that August meeting, there was a general election. Formally endorsed by IMPAC were candidates Samuel W. Witwer (R) for U.S. Senate; William G. Clark (D) for Attorney General of Illinois; and Noah M. Mason (R) for U.S. Congress. As you will remember, Mr. Clark and Mr. Mason were successful.

This initial step into the political arena was an eye-opener for many participants. The need for political education within the healing arts professions was clear. Climbing on a band wagon, exciting and rewarding under any circumstances, is especially so when one is confident his efforts are truly effective.

As a permanently established organization, IMPAC stresses its political education program during off-election years and its political action program during election years. This constant demand for acceptance of civic political responsibility by its members means that IMPAC moves always in operating gear. Its path, which traverses the entire state, is on a grass roots road.

IMPAC can only be as effective as the individuals who constitute its membership. We would be naive to assume that financial support of candidates is unimportant. However, it would be equally naive to assume that money alone will win elections. Campaigns take uncounted hours of work. Voters must have an opportunity to see, to meet, to know the candidate. IMPAC provides the avenues through which this can be done — whether through letters to patients, arrangements of speaking engagements, or posting of billboards. Each of these things must be done on a local level. A doctor in Chicago cannot provide man-hour support for a candidate in Watseka. But doctors in Watseka can.

On the other hand, the doctor in Chicago can help support the candidate in Watseka through his membership. Funds channeled

through the IMPAC treasury can be put to work in districts needing outside help. In addition to the importance of local support, it is equally necessary to have statewide support for IMPAC activities and for IMPAC endorsed candidates.

On the subject of endorsements, the governing body of IMPAC, the Executive Committee, relying heavily on recommendations provided by local organizations, makes final decisions. As an organization, IMPAC is firmly nonpartisan.

IMPAC is necessary in another way. The law prohibits corporations, such as a medical society, from using funds to support any partisan political activities. While these funds can be used for political education, political action funds must come from voluntary contributions and be segregated from funds for education.

Because of these basic limitations, IMPAC, as an organization, is entirely separate from county and the state medical societies — but they are good friends. The Board of the Illinois State Medical Society publicly endorsed IMPAC for political education in January of 1962. The House of Delegates voted unanimous approval of this endorsement shortly thereafter.

From that small group of fewer than 50 men who met in Chicago less than three years ago, IMPAC has become a firmly established statewide organization. During the 1962 campaigns, chapters were active in 13 districts while individual members were at work in all districts; 25 candidates were endorsed, mostly for congressional offices some for the state legislature.

Currently, advisory committees are being established for congressional, senatorial and representative districts to further build organizational structure and internal communications.

Plans for political education activities this year include political workshops in many areas of the state, specially planned trips to the national and state capitals, publication of helpful and informative literature.

The day-to-day business of IMPAC is handled by a staff of political management consultants whose comprehensive knowledge of practical politics and the Illinois political scene gives assurance to the effectiveness of our program.

Shortly after the formation of IMPAC, a national organization, called AMPAC, the American Medical Political Action Committee, was created. AMPAC has also flourished, and worked very closely in Illinois with IMPAC on behalf of candidates endorsed by IMPAC. There are now political action committees in nearly every state, some more active than others, but all formed for the same basic purposes: to provide members of the healing arts professions with a source of political education and the organization for effective political action.

While IMPAC was formed by and for the healing arts professions, the motivation is not selfish. Civic responsibility, unlike jury duty, does not exempt physicians from participation. Good government requires an informed citizenry. Becoming informed is the responsibility of each individual.

Members of IMPAC, having accepted their responsibilities, have found it most gratifying to participate in the remarkable business of building a government, and working to make that government the best possible. Without such individual efforts, we cannot expect a truly representative government. Dr. O'Neill said, "Doctors must roll up their sleeves and get to work . . . the only thing that will defeat us is our own apathy."

When that first group of doctors rolled up their sleeves, the immediate result was IMPAC, described in its credo as "an association, dedicated to the stimulation of citizens in civic and political affairs to safeguard and improve our great democracy."

As stated earlier, IMPAC is voluntary, nonpartisan, permanent, unincorporated, statewide, grass roots, and dynamic. Most important of all, IMPAC is individuals. Only through the individual support of physicians, nurses, dentists, pharmacists, assistants, wives, can IMPAC remain dynamic.

Slightly more than 100 years ago, a tall gaunt man from Illinois urged his fellow citizens to solidify their individual efforts on behalf of something in which they believed so much that many of them sacrificed their lives to keep it whole. Lincoln said, "If we do not make common cause to save the good old ship of the Union on this voyage, nobody will have a chance to pilot her on another voyage."

With IMPAC, we can achieve that common cause.

Rationale of the Relative Value Study

C. Elliott Bell, M.D., *Decatur*

Changes in the manner of financing medical services are bringing new and grave challenges to the American physician — challenges which must be met with intelligence and vigor, if he is to maintain control of the economy of his own private practice.

During the past two decades there has been a gradual shift of the responsibility for payment for medical care from those who are or have been sick to those who are well and employed — from the individual or family in distress to organizations of well people, private or governmental, who decide in advance how and for what services their funds shall be spent.

When reduced to basic terms, this means that the medical profession has become indirectly involved in the intricacies of collective bargaining and the developing pressures attached thereto. This means that the cost of medical services will sooner or later become the subject of bitter controversy involving not only the organized consumer and third-party purveyors of health care services, but also the practicing physician himself. This means that professional fees-for-service will be challenged with increasing frequency, discrepancies in fees for seemingly identical services will no longer be tolerated and uniform standards for evaluating medical services will eventually become mandatory.

This also means that the profession of medicine must devise for itself an effective means for consolidating and strengthening its position in the ruthless environment of the collective bargaining arena.

How may this be done? At the moment there is no firm answer to this all-important question. However, this much is certain: no effective defense can be developed without a comprehensive understanding of prevailing concepts regarding the pricing of medical services as they exist today within the profession.

The primary and only purpose of a relative value study is to provide accurate factual information on which to base this essential understanding. The practical value of such a devise has been proven to the satisfaction of most physicians in a number of states where the indirect pressures of collectivism have been especially heavy.

The unmistakable evidence of similar pressures have recently appeared in Illinois — specifically in Chicago and in certain industrialized down-state communities. Almost certainly, expansion of the collective movement may be anticipated in the near and relatively near future.

The question before the profession at this time is, "What can be done to establish a position of strength in the controversial situations which are bound to develop?"

We suggest that the place to start is with the Illinois Relative Value Study. This study, while not precisely similar to prior studies, compares very favorably with the best of them, including the California Study. And — it possesses a unique feature not developed in any other study. It establishes the concept that professional fees are not fixed, but may vary depending upon a number of factors such as time involved, skill, experience, reputation, overhead and the economic status of different communities.

It should be emphasized, however, that the Illinois Study is not a fee schedule.

But, the Illinois Relative Value Study does provide basic information which will assist the physicians of this state in defining their position in a socioeconomic environment dominated increasingly by big business, big labor unions, and bigger government — and in maintaining and strengthening that position when defined.

Chairman, Relative Value Committee, Illinois State Medical Society.

PROGRAM SUMMARY

123RD ANNUAL CONVENTION — SHERMAN HOUSE, CHICAGO

SUNDAY, MAY 12

12 noon	PR Workshop and Luncheon	Bal Tabarin
12 noon	Finance and Executive Committee	Room 108
12 noon	Reference Committee Chairmen's Luncheon	Room 110
4:00 p.m.	Board of Trustees Meeting and Dinner	Gold Room 114
7:00 p.m.	House of Delegates	Bal Tabarin
9:30 p.m.	Social Program	George Bernard Shaw Room

MONDAY, MAY 13

8:00 a.m.	Board of Trustees Breakfast	Ruby Room 113
9:00 a.m.	Registration opens	Mezzanine
9:00 a.m.	Reference Committee on Changes in Constitution and Bylaws	Orchid Room 106
9:00 a.m.	Reference Committee on Administrative Activities	French Room 107
9:00 a.m.	Reference Committee on Economic and Legislative Activities	Jade Room 103
9:00 a.m.	Reference Committee on Scientific Activities	Life Room 108
9:00 a.m.	Reference Committee on Public Relations Activities	Time Room 110
9:00 a.m.	Reference Committee on Miscellaneous Business	Holiday Room 105
9:00 a.m.	Illinois Obstetrics and Gynecology Society	Louis XVI Room
12 noon	50-Year Club Luncheon	Ballroom
12 noon	Illinois Obstetrics and Gynecology Luncheon	Old Chicago Room 101
1:30 p.m.	Section on Surgery, and Illinois Surgical Society	Jade Room 103
1:30 p.m.	Section on Neurology and Psychiatry	Crystal Room
2:00 p.m.	Section on Anesthesiology	French Room 107
5:00 p.m.	University of Illinois Alumni Dinner	Crystal Room
6:00 p.m.	IMPAC Dinner and Meeting	Ballroom

TUESDAY, MAY 14

8:00 a.m.	Board of Trustees Breakfast	Ruby Room 113
9:00 a.m.	Section on Dermatology	Old Chicago Room 101
9:00 a.m.	Section on Public Health	Life Room 108
9:00 a.m.	Section on Allergy	Louis XVI Room

The 1963 Annual Convention of the Illinois State Medical Society is acceptable for Category II hour-for-hour credit by the Illinois Academy of General Practice.

9:00 a.m.	Section on Obstetrics and Gynecoolgy	Crystal Room
10:00 a.m.	Physicians' Association of Illinois	Gold Room 114
1:30 p.m.	Camp Memorial Lecture	Louis XVI Room
2:30 p.m.	Section on EENT	Jade Room 103
2:30 p.m.	Section on Physical Medicine	Gold Room 114
2:30 p.m.	Section on Radiology	Crystal Room
6:30 p.m.	Illinois Chapter, American College of Chest Physicians	Gold Room 114

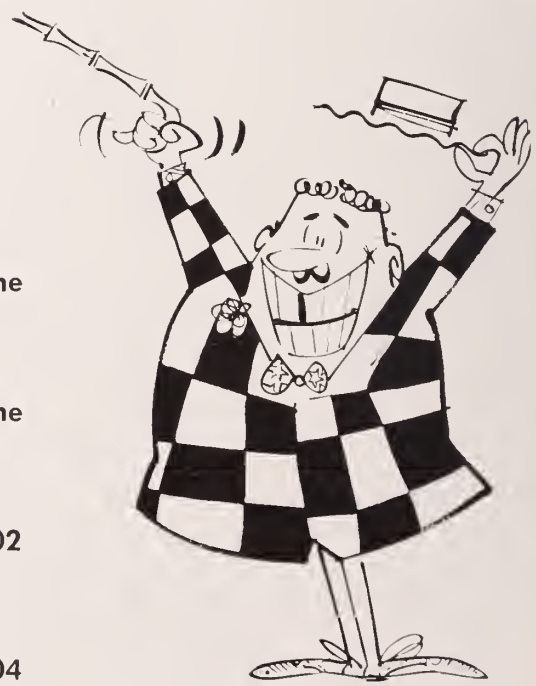
WEDNESDAY, MAY 15

8:00 a.m.	Board of Trustees Breakfast	Ruby Room 113
9:00 a.m.	General Assembly	Louis XVI Room
9:00 a.m.	Section on Pediatrics	Crystal Room
12 noon	Illinois Academy of General Practice Luncheon	Old Chicago Room 101
12 noon	Illinois Society of Internal Medicine Luncheon	Jade Room 103
12:15 p.m.	Phi Chi Luncheon	Ruby Room 113
12:30 p.m.	Pediatrics Luncheon	Crystal Room
2:00 p.m.	General Assembly	Louis XVI Room
3:30 p.m.	Conference on National Legislation	Old Chicago Room 101
6:00 p.m.	Reception	Louis XVI Room
7:00 p.m.	Banquet	Ballroom

THURSDAY, MAY 16

8:00 a.m.	IMT Breakfast	Ballroom
9:00 a.m.	Medicolegal Conference	Ballroom
9:00 a.m.	House of Delegates	Louis XVI Room
1:00 p.m.	Board of Trustees Lunch	Gold Room 114

At Your Service . . . During the Convention



Registration Area . . . Parlors MNO, Mezzanine

Convention Manager . . . . . Mezzanine

Press Room . . . . . Polo Room 102

Business Office . . . . . Emerald Room 104

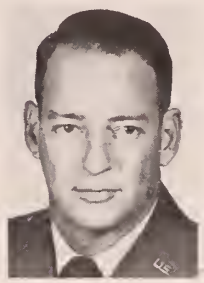
CONVENTION PROGRAM BY DAYS

SECTION ON ANESTHESIOLOGY

Chairman ..... **F. A. Torrey, Pekin**
Secretary ..... **Arthur Shima, Oak Park**



Dr. Balagot



Dr. McIver



Dr. Tarrow

MONDAY, MAY 13 — FRENCH ROOM 107

2:00 p.m. **"The DC Defibrillator"** — Reuben C. Balagot, M.D., Professor of Anesthesiology, University of Illinois College of Medicine; Assistant Head, Division of Anesthesiology, University of Illinois Research and Education Hospitals

"Laboratory and Clinical Studies on Some Newer Narcotics" — Max S. Sadove, M.D., Professor of Anesthesiology, University of Illinois College of Medicine; Head, Division of Anesthesiology, University of Illinois Research and Education Hospitals

"Respiration Under Increased Barometric Pressure" — Robert G. McIver, M.D., Major, MC, Department of Physiology, School of Aerospace Medicine, Brooks Air Force Base, Texas

"The 25 Gauge Spinal Needle" — Arthur B. Tarrow, M.D., Col., Director of Medical Education, Aerospace Medical Division, Lackland Air Force Base, Texas

"Further Studies on the Immediate Postoperative Period" — Floyd N. Heller, M.D., Assistant Professor of Anesthesiology, University of Illinois College of Medicine

SECTION ON NEUROLOGY AND PSYCHIATRY

COSPONSORED BY THE CHICAGO NEUROLOGICAL SOCIETY AND THE ILLINOIS PSYCHIATRY SOCIETY

Chairman ..... **Louis D. Boshes, Chicago**
Secretary ..... **Harold E. Himwich, Galesburg**



Dr. Gerty



Dr. Oldberg



Dr. B. Boshes



Dr. L. Boshes, Section Chairman



Dr. Aldrich



Dr. Sherman



Dr. Schulman

MONDAY, MAY 13 — CRYSTAL ROOM

1:30 p.m. "Mental Health in Illinois" — Francis J. Gerty, M.D., Director, Department of Mental Health, State of Illinois

"Evolution of Neurosurgery" — Eric Oldberg, M.D., University of Illinois College of Medicine, Presbyterian-St. Luke's Hospital

"The Automatic Nervous System in Physical Illness" — Benjamin Boshes, M.D., Northwestern University Medical School

3:00 p.m. INTERMISSION TO VISIT EXHIBITS

3:30 p.m. "Psychiatric Grand Rounds"

Moderator: Donald Oken, M.D., Psychosomatic and Psychiatric Institute, Michael Reese Hospital and Medical Center

Participants: W. B. Spriegel, M.D., Northwestern University Medical School; Harold H. Garner, M.D., Chicago Medical School; Patrick R. Staunton, M.D., Stritch School of Medicine, Loyola University; Harold M. Visotsky, M.D., Deputy Director, Department of Mental Health, State of Illinois; C. Knight Aldrich, M.D., University of Chicago School of Medicine

4:15 p.m. "Neurology Grand Rounds"

Moderator: Louis D. Boshes, M.D., Northwestern University Medical School

Participants: Alex J. Arieff, M.D., Northwestern University Medical School; Ben W. Lichtenstein, M.D., University of Illinois College of Medicine; Irving C. Sherman, M.D., Chicago Medical School; Sidney Schulman, M.D., University of Chicago Medical School; Robert L. Tentler, M.D., Stritch School of Medicine, Loyola University

ILLINOIS OBSTETRICS AND GYNECOLOGICAL SOCIETY

President ..... **William Curtis**
Secretary ..... **Dean Farley**
Program Chairman ..... **Stanley Smith**

MONDAY, MAY 13 — LOUIS XVI ROOM

9:00 a m. Business Meeting and Committee Reports

10:00 a.m. Case Reports

10:30 a.m. Maternal Mortality Case — John Rendock, M.D., Springfield

Discussion: John Collins, M.D., East St. Louis

11:00 a.m. "Use of Progestins — Pros and Cons"

Pro — James Waller, M.D., Decatur

Con — Howard Penning, M.D., Springfield

11:45 a.m. "Uterine Artery Arterio-Venous Fistula After Hysterectomy" — Stanley Smith, M.D.; Merrill Huffman, M.D.; Jack Cooley, M.D.; John Houseworth, M.D., Urbana

12:15 p.m. Luncheon — Old Chicago Room 101

2:00 p.m. "Clinical Application of Chromosome Analysis" — Orlando J. Miller, M.D., Assistant Professor of Obstetrics and Gynecology, College of Physicians and Surgeons, Columbia University, New York

3:00 p.m. "Ovarian Tumors in Pregnancy" — James Tweedie, M.D., Assistant Professor of Obstetrics and Gynecology, University of Illinois Medical Center, Chicago

SECTION ON SURGERY

Chairman ..... **Charles B. Baldree, Belleville**

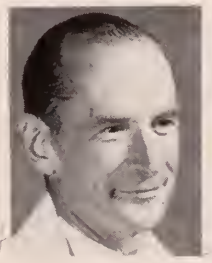
Secretary ..... **Eugene Narsele, Skokie**



Dr. Swenson



Dr. Rosi



Dr. Rob



Dr. Strohl



Dr. Baker

MONDAY, MAY 13 — JADE ROOM 103

1:30 p.m. Panel: "Surgical Management of Colon Diseases"
Moderator: J. C. Thomas Rogers, M.D.
"Congenital Lesions" — Orvar Swenson, M.D.
"Reoperative Problems of the Colon and Rectum" — R. Kennedy Gilchrist, M.D.
"Polyps and Carcinoma of the Colon" — Peter A. Rosi, M.D.

3:00 p.m. "Atherosclerosis of the Extracranial Cerebral Arteries" — Charles Rob, M.D., Professor and Chairman of the Department of Surgery, University of Rochester School of Medicine, Rochester, New York

4:00 p.m. Panel: "Management of Shock"
Moderator: Hiram T. Langston, M.D.
"Prophylactic Measures" — William H. Requarth, M.D.
"Shock During Surgery" — E. Lee Strohl, M.D.
"Postoperative Hypotension" — Robert J. Baker, M.D.

ILLINOIS SURGICAL SOCIETY

Chairman of Surgical Symposium ..... **Kenneth H. Schnepp**

MONDAY, MAY 13 — COOK COUNTY HOSPITAL — 7TH FLOOR

Surgical Amphitheater

8:00 a.m. "Surgery of the Biliary Tract, Common Duct Exploration, Manage-

ment of Overlooked Stones, Operative Cholangiography, Associated Pancreatitis, 'Silent' Gallstones"
Surgeon: Manuel E. Lichtenstein, M.D.
Discussion: George E. Block, M.D., Charles B. Peustow, M.D.

9:45 a.m. "Surgery For Peptic Ulcers, Management of Gastrojejunal Ulcers"
Surgeon: Peter A. Rosi, M.D.
Discussion: Karl A. Meyer, M.D., Frederic A. dePeyster, M.D.

11:00 a.m. "Acquired Vascular Diseases, Clinical Presentation of Cases and Discussion" — Charles Rob, M.D., Rochester, New York

Operating Room "A" (*Moderator:* Chester C. Guy, M.D.)

8:00 a.m. "Surgery for Ulcerative Colitis, Diverticulitis of the Colon"
Surgeon: Robert L. Schmitz, M.D.
Discussion: Foster L. McMillan, M.D., Harold P. McGinnes, M.D.

Operating Room "A"

10:00 a.m. "Surgical Management of Intraductal Papilloma of the Breast"
Surgeon: Louis P. River, M.D.
Discussion: Frank A. Folk, M.D., A. Watson Miller, M.D.

Operating Room "B" (*Moderator:* Kent L. Barber, M.D.)

8:00 a.m. "Colon Bypass for Obstruction of the Esophagus"
Surgeon: Robert J. Baker, M.D.
Discussion: W. James Gillesby, M.D., Edward J. Beattie, M.D.

Operating Room "B"

10:00 a.m. "Closed Management of Difficult Fractures"
Surgeon: Carlo S. Scuderi, M.D.
Discussion: Kilian F. Fritsch, William Johnson

Operating Room "C" (*Moderator:* Geza deTakats, M.D.)

8:00 a.m. "Autogenous Vein Grafts for Arterial Obstruction or Injuries"
Surgeon: Robert J. Freeark, M.D.
Discussion: Ormand C. Julian, M.D., William S. Dye, M.D., Gilbert Douglas, M.D.

Operating Room "C"

10:00 a.m. "Trapped Lung"
Surgeon: George W. Holmes, M.D.
Discussion: William M. Lees, M.D., Ward Eastman, M.D.

Operating Room "D" (*Moderator:* Everett P. Coleman, M.D.)

8:00 a.m. "Pitfalls in Gynecologic Surgery, Safeguard and Management of Urinary Tract Injuries, Hematomas"
Surgeon: Abraham F. Lash, M.D.
Discussion: Walter J. Reich, M.D., Mitchell Nechtow, M.D.

Operating Room "D"

10:00 a.m. "Surgical Management of Intra-abdominal Sepsis, Subphrenic and Pelvic Abscess"
Surgeon: Nicholas Capos, M.D.
Discussion: T. Howard Clarke, M.D., James W. West, M.D.

Operating Room "E" (*Moderator:* William M. McMillan, M.D.)

8:00 a.m. "Surgical Repair of Large Abdominal Wall Defects, Use of Prosthesis"
Surgeon: Samuel J. Fogelson, M.D.
Discussion: John L. Keeley, M.D., Donald Dexter, M.D., Harrison Putnam Jr., M.D.

Operating Room "E"

10:00 a.m. "The Role of Surgery for Duodenal Ulcer Hemigastrectomy with Vagotomy"
Surgeon: Arkell M. Vaughn, M.D.
Discussion: Arthur D. Poppens, M.D., David A. Bennett, M.D.

SECTION ON ALLERGY

"AUTOIMMUNE DISEASES AND ALLERGIC DERMATOSES"

Chairman ..... **Ray F. Beers, Jr., Rockford**

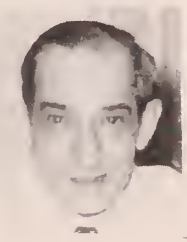
Secretary ..... **Charles M. Jenkins, Chicago**



Dr. Milgrom



Dr. Rostenberg



Dr. Rothman



Dr. Feinberg

TUESDAY, MAY 14 — **LOUIS XVI ROOM**

9:00 a.m. "Autoimmunity — Human Diseases and Animal Experiments" — Felix Milgrom, M.D., Associate Professor of Bacteriology and Immunology, State University of New York at Buffalo

10:00 a.m. "Pathogenesis of Drug Reaction" — Adolph Rostenberg, M.D., Professor of Dermatology and Head of the Department, University of Illinois

11:00 a.m. "Skin Sensitivity to Cold" — Stephen Rothman, M.D., Professor Emeritus of Dermatology, Argonne Cancer Research Hospital, University of Chicago, and Sylvia Griem, M.D., Associate Professor of Dermatology, University of Chicago

11:20 a.m. "Allergic Contact Dermatitis" — Samuel M. Feinberg, M.D., Professor of Medicine, Northwestern University

11:40 a.m. "Solar Urticaria" — Allan L. Lorincz, Professor of Dermatology, University of Chicago

SECTION ON DERMATOLOGY

Chairman ..... **Myron H. Kulwin, Champaign**

Secretary ..... **Lois Rubin, Rockford**



Dr. Perry

TUESDAY, MAY 14 — **OLD CHICAGO ROOM 101**

9:00 a.m. "Infection of the Skin" — photo clinic
Moderator: John B. Haeberlin, Jr. M.D.

10:45 a.m. "Tumor of the Skin" — photo clinic
Moderator: Harold O. Perry, M.D., Mayo Clinic, Rochester, Minnesota

SECTION ON OBSTETRICS AND GYNECOLOGY

Chairman ..... **Robert R. Hartman, Jacksonville**

Secretary ..... **Donald M. Fahrenbach, Chicago**



Dr. Bulfin



Dr. Kaminetzky



Dr. Huffman



Dr. Miller

TUESDAY, MAY 14 — CRYSTAL ROOM

9:00 a.m. "Lesson Learned from Perinatal Death Studies" — Mathew J. Bulfin, M.D., Chairman, Suburban Cook County Committee on Maternal and Infant Welfare

9:30 a.m. "Diagnosis and Treatment of Carcinoma of the Cervix" — Harold Kaminetzky, M.D., Associate Professor of Obstetrics-Gynecology, University of Illinois

10:00 a.m. "Adolescent Bleeding: Diagnosis and Treatment" — John Huffman, M.D., Associate Professor of Obstetrics Gynecology, Northwestern University

11:00 a.m. "Chromatin and Chromosomes for Clinician" — Orlando J. Miller, M.D., Assistant Professor of Obstetrics-Gynecology, College of Physicians and Surgeons, Columbia University

11:30 a.m. "Diagnosis and Treatment of Urinary Stress Incontinence" — William Copeland, M.D., Associate Professor and Chairman of Obstetrics-Gynecology, Ohio State University

PHYSICIANS ASSOCIATION

Program Chairman ..... **Werner Tuteur, Elgin**

TUESDAY, MAY 14 — GOLD ROOM 114

10:00 a.m. "Future Planning on Mental Health in Illinois" — Harold M. Visotsky, M.D., Deputy Director, Mental Health Department, State of Illinois

"New Proposals Regarding Illinois Commitment Laws" — Lowell E. Sachnoff, Attorney-at-Law, Administrative Assistant to the Director of the Illinois Mental Health Department

Question and Answer Period Following Presentation

GENERAL ASSEMBLY

TUESDAY, MAY 14 — LOUIS XVI ROOM

CAMP MEMORIAL LECTURE

1:30 p.m. "Medical Problems Encountered at High and Low Barometric Pressures" — Robert G. McIver, M.D., Major Medical Corps, USAF, Physiology Department, School of Aerospace Medicine, Brooks Air Force Base, Texas. *Dr. McIver was the anesthesiologist on the team that picked up Col. John Glenn off the U. S. S. Noa on February 20, 1962 and who was intimately associated with that space project.*

SECTION ON PHYSICAL MEDICINE AND REHABILITATION

Chairman ..... **Arthur Rodriquez, Chicago**
Secretary ..... **Y. Y. Oester, Chicago**



Dr. Peszczynski



Dr. Boyle

TUESDAY, MAY 14 — GOLD ROOM 114

2:30 p.m. "Physical Medicine in Low Back Pain" — Allen S. Russek, M.D., Institute of Physical Medicine and Rehabilitation, New York City

"Physical Medicine in the Treatment of the 'Stroke' Patient" — Mieczyslaw Peszczynski, M.D., Chief of Physical Medicine and Rehabilitation, Highland View Hospital, Cleveland

"Physical Medicine and the Treatment of Arthritis" — Robert W. Boyle, M.D., Milwaukee County Hospital

Physical Medicine Program Supported by Grant from Merck, Sharp & Dohme, Inc.

SECTION ON EYE, EAR, NOSE AND THROAT

Chairman ..... **John E. Helm, Olney**
Secretary ..... **Burton J. Soboroff, Chicago**



Dr. Holinger



Dr. Blumenthal



Dr. Lewis



Dr. Becker

TUESDAY, MAY 14 JADE ROOM 103

2:30 p.m. "Injuries of the Face, Orbit, Jaws and Neck — Emergency Care and Definitive Treatment"
Moderator: Burton J. Soboroff, M.D.
Discussion: Paul Holinger, M.D.; Helmut Blumenthal, M.D.; Kenneth Lewis, M.D.; Oscar Becker, M.D.

ILLINOIS CHAPTER, AMERICAN COLLEGE OF CHEST PHYSICIANS

TUESDAY, MAY 14 GOLD ROOM 114

6:30 p.m. Reception
7:00 p.m. Dinner and Business Meeting
8:00 p.m. "The Control of Respiration" — John F. Perkins, M.D., Professor of Physiology, University of Chicago

SECTION ON RADIOLOGY

Chairman ..... **Howard C. Burkhead, Evanston**

Secretary ..... **Robert S. Malcolm, Peoria**



Dr. Juhl

TUESDAY, MAY 14 CRYSTAL ROOM

2:30 p.m. "Roentgenographic Comparison of the Normal and Post-traumatic Cervical Spine" — J. H. Juhl, M.D., Professor of Radiology, University of Wisconsin *Panel Members of Film Reading Session:* Howard Neucks, M.D., Carle Clinic, Urbana, Illinois; James Hunt, M.D., Proctor Hospital, Peoria, Illinois; Leon Love, M.D., Cook County Hospital, Chicago, Illinois; Kenneth Maier, M.D., Holy Family Hospital, DesPlaines, Illinois

SECTION ON PEDIATRICS

Chairman ..... **Alwin C. Rambar, Highland Park**

Secretary ..... **Richard E. Dukes, Champaign**



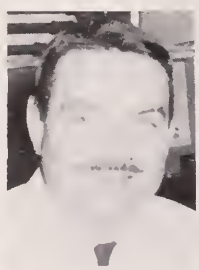
Dr. Nellhaus



Dr. Lawson



Dr. Davidson



Dr. Gardner

WEDNESDAY, MAY 15 CRYSTAL ROOM

9:00 a.m. "The Brain Injured Child" — Gerhard Nellhaus, M.D., Assistant Professor of Pediatrics and Neurology, University of Illinois

9:30 a.m. "Treatment in Pediatric Practice" — Robert R. Lawson, M.D., Chairman of Pediatrics, Northwestern University

10:30 a.m. "Persistent Diarrhea in Children" —Murray Davidson, M.D., Director of Pediatrics, Bronx-Lebanon Hospital Center, New York City
SPONSORED BY THE PET MILK COMPANY

11:15 a.m. "Environmental Hazards to Children in the New World" — Lytt I. Gardner, M.D., Professor of Pediatrics, State University of New York at Syracuse
SPONSORED BY THE MEAD JOHNSON COMPANY

GENERAL ASSEMBLY

WEDNESDAY, MAY 15 LOUIS XVI ROOM



Dr. Lichtenstein

9:00 a.m. "Current Concepts in the Surgical Management of Peptic Ulcer" — Richard DeWall, M.D., Professor and Chairman, Department of Surgery, Chicago Medical School

9:30 p.m. "Current Concepts on the Problem of Hemoptysis" — Joseph K. Freilich, M.D., Clinical Associate Professor of Medicine, Chicago Medical School

10:00 a.m. "Current Concepts in the Management of Hypertension" — Clifford G. Piltz, Assistant Chief of the Medical Service, West Side V. A. Hospital and Associate Professor of Medicine, Chicago Medical School

10:30 a.m. INTERMISSION TO VISIT EXHIBITS

11:00 a.m. Panel: "Abdominal Pain — Non-surgical"

Moderator: Leonard F. Jourdonais, M.D., Associate Professor of Medicine, Northwestern Medical School, Chairman, Department of Medicine, Evanston Hospital

Discussion: Robert B. Lawson, M.D., Professor and Chairman, Department of Pediatrics, Northwestern University Medical School and Chief of Staff of

Calls Will Reach You Easily at '63 Convention

For the first time, a Telephone Message Center (pictured) will be set up at the Registration area on the Mezzanine to put you in contact with your call quickly and conveniently.

On hand full-time at the message center will be two Bell Telephone Co. operators, noted for their "voices with a smile." All calls to physicians attending the Convention will be relayed to the Center, where the operators will take the message and post your name on the blackboard.

All you have to do is pass this board regularly during the day (there will be no paging) to see if you have a message. One important tip: BEFORE LEAVING FOR THE CONVENTION INFORM YOUR OFFICE TO REFER CALLS TO THE TELEPHONE MESSAGE CENTER ON THE MEZZANINE, SHERMAN HOUSE, CHICAGO.



Children's Memorial Hospital, Chicago; Manuel E. Lichtenstein, M.D., Associate Professor of Surgery, Northwestern University Medical School and Chief of Surgery, Cook County Hospital

ORATION IN MEDICINE

COSPONSORED BY THE SECTION ON MEDICINE AND THE ILLINOIS SOCIETY OF INTERNAL MEDICINE

WEDNESDAY, MAY 15 — LOUIS XVI ROOM

1:30 p.m. "Systemic Effects of Cancer — Hematologic and Metabolic" — Edward H. Reinhard, M.D., Professor and Chairman of the Department of Medicine, Washington University, St. Louis

ORATION IN SURGERY

2:30 p.m. "Diverticular Disease of the Colon" — Rudolph Noer, M.D., Professor and Chairman of Surgery, University of Louisville

MEDICOLEGAL SEMINAR

THURSDAY, MAY 16 — BALLROOM

8:00 a.m. Breakfast
Samuel A. Levinson, M.D. — Progress Status
Mr. Justice Robert E. English, Appellate Court of Illinois

9:20 a.m. Guest Speaker Mr. Tom Hoehn, Vice President, Medical Protective Company

10:30 a.m. Trial Vignette: "Liability for Damages Resulting from Carbon Tetrachloride Intoxication"
Moderator: Carl Rolawick, Deputy Court Administrator for Cook County
Judge: Jacob Berkowitz
For the Prosecution: Jerome M. Brooks, Esq.
For the Defense: William J. McKenna, Esq.
Medical Witness: Clement Martin, M.D.
IMT Witness: Jacob S. Golden, M.D.

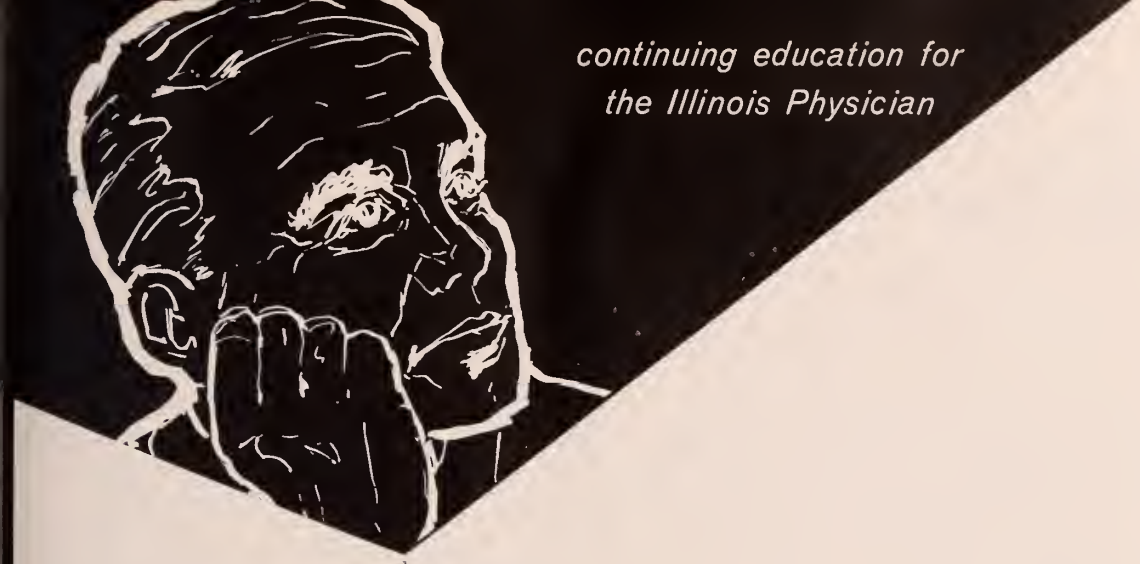


Don't Miss-um Exhibits!



Heap big Scientific and Technical Exhibit area open from noon Monday, May 13 through 2:00 p.m. Thursday, May 16. Half-hour breaks in morning and afternoon give-um plenty time to view all exhibits.

See Guide to Exhibits on page 442



continuing education for the Illinois Physician

Illinois State Medical Society

123rd ANNUAL CONVENTION

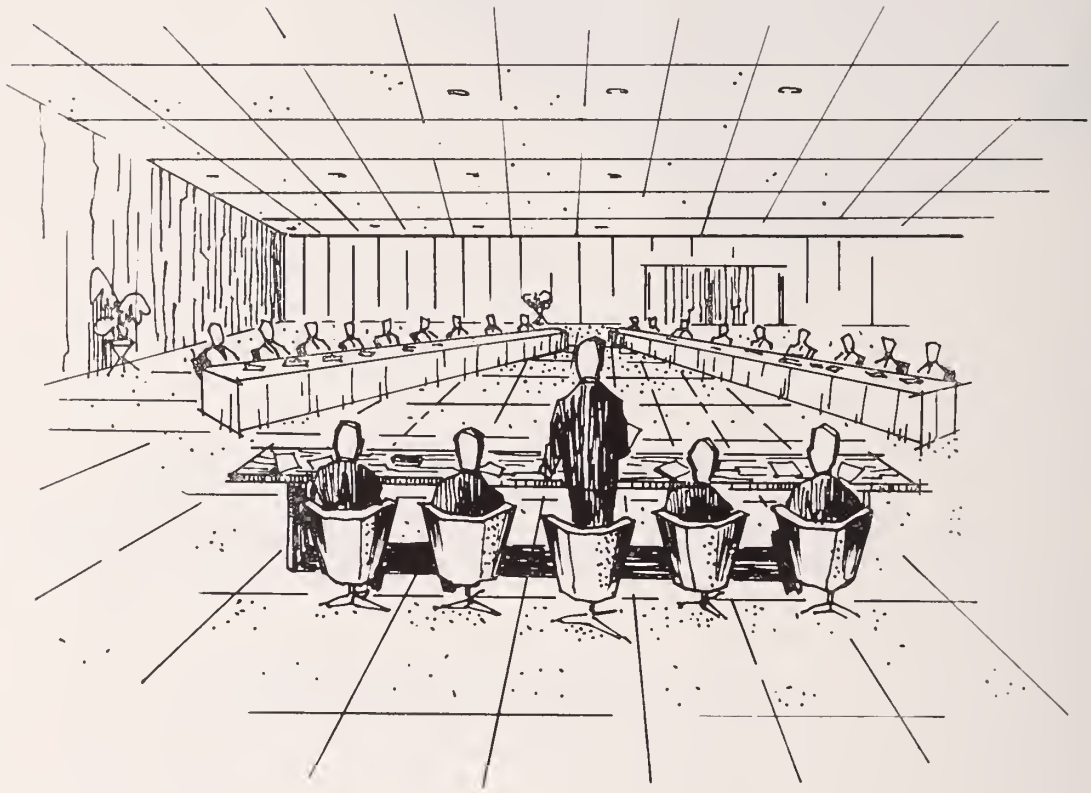
DELEGATES' HANDBOOK

DELEGATES' MEETINGS

May 12	*7:00 p.m.*	*Bal Tabarin*
May 14	*7:30 p.m.*	*Louis XVI*
May 16	*9:00 a.m.*	*Louis XVI*

SHERMAN HOUSE • CHICAGO
MAY 12-16, 1963

ISMS Annual Reports . . .



. . . Officers and Trustees

PRESIDENT

When I entered the presidency of the Illinois State Medical Society in May 1962, I didn't realize then how quickly a year can pass. The past 12 months have been arduous but also enlightening and indeed gratifying. Looking back over my term of office, I derive great satisfaction from knowing that hundreds of dedicated men and women over our state are giving freely of their time, their energy, and their knowledge in the interest of private medicine.

As I traveled over the state and country, I became increasingly aware of the war of ideas surrounding medicine. The conflict arises not so much out of facts or interpretation of the facts, as out of diametrically opposed philosophical positions. Such conflict cannot be won by an appeal to fact and often not to logic; it can only be settled, if at all, by persuasion.

The current fundamental issue is the way in which medical care for the over 65 age group should be financed; whether that care should be based on the principle of consumer sovereignty, or be made the subject of collective provision; whether our institutions providing medical care should charge for their services and vary supply in accordance with consumer choice; or whether medical services should be supplied free, with costs being met from Social Security taxes, and supply being regulated by federal administrative decision.

Within this framework, I attended many meetings, conferences, and symposia made up of the medical profession, ancillary professions, and the public.

As your President, it was my pleasure to be a guest at the annual meetings of the state societies of Indiana, Kentucky, Michigan, Minnesota, and Wisconsin. They were most beneficial and afforded me the opportunity to learn activities and pro-

grams of other groups whose goals are identical to ours. I believe this sharing of ideas is vital to any ongoing program if it is to remain dynamic. It was at meetings such as these, and the Annual Meeting of the American Medical Association in Chicago, the Clinical Session in Los Angeles and others, that one realizes the dedication of men all over the country to the high principles of medicine and the principles of a free society.

It was at the AMA Clinical Meeting in Los Angeles that I had the honor of presenting the State Society's check for $183,000 to the American Medical Education Foundation, bringing our total contribution to $1,760,420 since the program began in 1953.

As you know, the duties of your President require, among other things, that he represent the Society at numerous State functions and extend the Society's greetings. Just to mention a few in this respect, I attended meetings of the National Association of Clinic Managers; Association of American Physicians and Surgeons; American College of Gastroenterology; Illinois Agriculture Association; Illinois Academy of General Practice; Illinois Veterinary Medical Association; Illinois Medical Assistants Association; Illinois Nurses Association; and the Chicago Roentgen Society.

On the local scene, I was present at all meetings of the Board of Trustees, the Finance Committee, and the Executive Committee. As an ex-officio member of the Society's numerous committees, I attended most of their meetings.

I have attended the many meetings of the Advisory Committee to the Illinois Public Aid Commission and assisted in resolving their many problems. While at times, it was like steering a course between Scylla and Charybdis, they are being resolved.

Pressing matters concerning public relations, nursing, licensure, government medical services, scientific publications and meetings, third party plans, nutrition, public health, post graduate education, aging, retirement and many others are being considered by our respective committees.

In my role as President, I had the opportunity to participate in and evaluate the work of the Society's committees. Without hesitation, I can say that the members have accepted their responsibilities with enthusiasm and carried out their obligations with dispatch. They have striven to provide the members with the best possible solution to the problems confronting them. For this, the Society can be proud and grateful to have so many vigorous men willing to take time from their practice and to render this vital service for the profession.

It has been heartwarming to note the intensity with which the Woman's Auxiliary has entered into matters of mutual interest. The help of the Auxiliary at the grass roots level has been a tremendous force in arousing public sentiment which, in turn, was impressed upon the minds of legislators not only in Illinois but in Washington as well. The Woman's Auxiliary in the months to come should receive the fullest possible support from all of us in our continuing struggle in the political arena.

The outstanding work of these groups is of a magnitude too great to outline in this report but I would be remiss if I did not mention my appreciation for their immeasurable results these past 12 months.

The many engagements and public appearances I have made include numerous talks in the Society's behalf and participation in radio programs in Illinois on matters concerning community health, quackery, medical care costs, medical care for the aged and the future of medicine.

As President of the State Medical Society, I have been able to carry on my duties because of the outstanding cooperation and *esprit de corps* among our members. Without their cooperation, attempts on my part to strengthen the position of organized medicine would have been in vain.

My report to you would not be complete without mentioning the work of our staff. Their outstanding performance and devotion to duty is something of which we can all be proud. Space does not permit my mentioning them by name but I do want to record in this report my deep appreciation for the courtesy and helpfulness they have shown me on every occasion. I know our members who have worked with them share my views.

Thus I come to the end of a very delightful term as President. It has been a great honor to be one of the physicians who has been elected President of the Illinois State Medical Society in the 123 years of its existence.

The past 12 months have been full and happy for me. Now that they are over, I want to emphasize the increasing demands being made upon the time and energy of your President. His job is one of tremendous magnitude. In the years ahead, these demands will become more rather than less and can be met successfully only with the continued cooperation of the members of this Society.

May I thank you all for giving me 12 very happy months.

George F. Lull

PRESIDENT-ELECT

If medicine and our friends and patients are to keep "Fedicare" from becoming a way of life in America next year will be the "year of fire."

To save their and their patient's freedom of choice only two roads are open. You can get behind and push the efforts of our organized County and State Medical Society, or you can get ahead and pull other members into doing their duty, but you can not sit in the middle, pay your dues, and do nothing.

Whatever success we have in the area of preservation of our freedom from federal domination will depend upon what each member does for himself.

If we fail it will surely be because after all is said and done a lot more will likely be said, and less done. More comes to he who works while he waits, and 1963 and 64 will bring much work for every member.

Harlan English

1st Vice President
Report not available

SECOND VICE-PRESIDENT

The past year has been an extremely busy and a very rewarding year for me. It has been a constant revelation to me to see the tremendous amount of work done by the Board of Trustees and the staff of the Illinois State Medical Society. They and the officers have demonstrated to me that they are extremely dedicated individuals and devote many hours to the conduct of Society affairs.

I have attended all meetings of the Board of Trustees for the past year, in addition to representing the Society at various functions. These included the Illinois Hospital Association Meeting, the Midcontinent Nursing Home Association, and the State Meeting of Homes for the Aged. For these latter two I served on a panel for discussion. I have made an effort to co-operate fully with the Speaker's Bureau of both the American Medical Association, and the Illinois State Medical Society in presenting medicine's views on controversial medical legislation. These two Speaker's Bureaus co-operate very closely and their services have been invaluable in furnishing information, background material, etcetera. The presentations have included several televised discussions and debates as well as appearances before rather large groups in debate and in discussion. These have included a one hour television appearance over the Canadian Broadcasting Company in discussion with Doctor Stark Murray, a founder of the British Health Service, a debate with Congressman Roman Pucinski before the Park Ridge Democratic Club, a debate with Mr. Tilford Dudley, Director of the AFL-CIO Speaker's Bureau and Chief of their lobbying activities in Washington before the student forum of the University of Indiana, and a debate with Mr. Al Rightly, Secretary of the AFL-CIO Pension and Welfare Fund before a state meeting of five hundred Methodist Ministers at Green Castle, Indiana. These in addition to many others, both inside and outside of the State of Illinois.

It is my feeling that if organized medicine is to achieve favorable legislation that many more physicians must become active in presenting their views. I realize that Doctor Lull and many others have devoted much more of their time than I to further the cause of organized medicine.

The Speaker's Bureau program of the Illinois State Medical Society and the American Medical Association has amply demonstrated that it is a most effective means for education of the public. Materials are now available from the American Medical Association and the Illinois State Medical Society which make it relatively simple for any member of the profession to prepare a presentation to almost any public group. I commend the Speaker's Bureau activity of the Illinois State Medical Society, and recommend its further development in future years.

My experience as a representative of the Speaker's Bureau would indicate that an officer of vice presidential status is faced with many questions concerning the policies of the State Society. Actual participation in the decision-making process at meetings of the Board of Trustees and important committees would more adequately prepare an officer for these responsibilities.

Therefore, in closing, I would like to resubmit the suggestions previously made by former officers of the Illinois State Medical Society that consideration be given to the amendment of the Bylaws to permit each Vice President the right to vote in meetings of the Board of Trustees, and secondly that the Vice Presidents of the Society be appointed as members of the major committees of the Society.

Joseph R. Mallory

SECRETARY-TREASURER

As Secretary-Treasurer, it is with a satisfying sense of accomplishment that I record another year of progress and advancement for the Illinois State Medical Society. It is now three years since the reorganization of the management of our administrative affairs and the re-location of our headquarter's office. In what must seem like an extremely short time to many of us, the Society's areas of activities and programming have broadened immeasurably. A review of the Delegates' Handbooks for the years 1961 through 1963 cannot fail to impress everyone with the many services the Society has developed for the members and the people of Illinois.

During the past year, several unanticipated projects developed out of anticipated programs. A prime example of this was the "Battle of the Petitions" which occurred shortly after the adjournment of the 1962 House of Delegates. On May 24, 1962, Chicago's Mayor Richard Daley committed what many have described as one of the major mistakes of his political career. On that date Mayor Daley announced that his committeemen were going to solicit for the signing of petitions favoring the passage of the King-Anderson bill.

Public indignation rose immediately over the Mayor's pressure tactic and the clamor threatened to engulf the Society's switchboard. The office responded nobly — a total of almost 3,900 telephone requests were filled with about 40,000 petitions developed by the Society's office urging the Congress to reject King-Anderson type legislation.

Thousands of additional petitions were also supplied in response to hundreds of letters. Medicine achieved valuable *public* support from this project, primarily because the office, its resources being tested to their limits, was able to immediately adapt itself to the emergency.

This is just one of many occasions where the office was called upon, either by physicians or the public, to provide support for the development of solutions to new problems or emergencies. These efforts required working many long hours into the evenings and weekends by everyone from the mail clerk to the Executive Administrator. I would be remiss in my responsibility if I did not call activities such as these to the attention of all Society members. We can be justifiably proud that we have developed a staff which has loyalty to medicine's cause equal to that of our physicians.

House of Delegates Minutes

As Secretary of the Society, I have reviewed the complete stenographic report of each session of the 1962 annual meeting of the House of Delegates. To make it possible for each member of the Society to learn immediately of the important actions of the House, an abstract of these minutes was presented in the July, 1962, *Illinois Medical Journal*. This abstract presented the highlights of each Reference Committee's report along with the appropriate House action. This early distribution of the actions of the House of Delegates was instituted with the staff reorganization three years ago and has received many favorable comments.

An abstracted copy of the 1962 minutes, containing all the actions of the House of Delegates, will be provided to each member of the 1963 House of Delegates, to be acted upon as the official minutes of the 1962 meeting. A verbatim transcript of each House of Delegates' session is always available to any member of the Society upon request to the Executive Administrator or to the Secretary-Treasurer.

Communication with Members

The officers of the Society are constantly searching for ways to improve communications with our members. Toward this end, measures have been taken to make the *Illinois Medical Journal* a more complete information source for the Illinois physician. The report "As I See It From '360'" by the Executive Administrator gives a brief resume of some current activity or endeavor. "Legislative Listening Post" and "PULSE" have been added to the *Journal* monthly, replacing the practice of mailing each of these bulletins separately. This achieves a two-fold benefit — there will be a significant cost saving with this policy and the advantage of providing each physician with additional necessary information from one compact source.

A continuing effort has been made throughout the past year to keep each interested member completely informed of the Board of Trustees, House of Delegates and AMA Delegation actions. All minutes and reports are given a wide distribution among state and county officers. I urge each member to feel free to call upon our Executive Administrator or myself for any minutes, financial reports or other documents which may contain desired information.

Secretaries' Conference

The 1962 Secretaries' Conference was held in Springfield at the Leland Hotel on October 14. Dr. William DeHollander was chairman of the Advisory Committee in charge of arrangements. The well-rounded program covered many phases of county society administration and programming. Current topics such as Blue Shield's "Over 65" plan and Kerr-Mills results in Illinois were also discussed. County secretaries who missed this meeting missed an excellent opportunity to take home a great deal of new information relating to medicine's old problems. For the first time, awards were presented to county secretaries having ten years of continuous service. The county society secretary is an important aid to the State Society's administration, and I wish to take this opportunity to express my appreciation to each physician who has served in this very important position.

During the past year I have reviewed the Society's method of billing annual dues and obtaining listings of county society officers, delegates and committee chairmen, with whom it is essential to maintain close and immediate contact if effective liaison is to be achieved. It is my hope that by late 1963, an improved method of billing each member's annual dues will have been completed which will require less time and clerical effort on the part of county secretaries and treasurers.

To enable the State office to maintain a currently correct listing of county society officers and delegates, I would like to recommend that the Constitution and Bylaws be amended to require uniform election dates of such individuals. As an example, I would suggest the elections be held in mid-year; the officers-elect to take office on January 1. The fall period would provide an opportunity for the State office to prepare correct listings for the ensuing year.

New Members

A study of the location of non-member Illinois physicians, in cooperation with the Circulation and Records Department of the American Medical Association, continued during 1962. Many counties have been provided lists of non-member physicians and have returned these lists with additional information relative to why these physicians are not members. This informational study will continue in 1963. Also in 1963, we will attempt to acquire new members from the ranks of interns and residents in the Chicago area medical schools and hospitals. The Society should constantly direct a portion of its program toward this end in order to point out to the young physician the many ad-

vantages of membership in our county, state and national organizations.

A statistical analysis of our present membership follows:

MEMBERSHIP STATISTICS

Membership as of January 1, 1962		
New members	376	10,185
Reinstatements	72	
Total added		448
		10,633
Dropped during the year:		
Died	186	
Moved from State	160	
Resigned	9	
Nonpayment	134	
Miscellaneous	43	
Total dropped		532
Membership as of January 1, 1963		10,101
Regular	9,056	
Residents	254	
Service	15	
Emeritus	446	
Retired	310	
Hardship	20	
Total		10,101

Improvements in Financial Controls

In my office as Treasurer, I am very much concerned with the safety controls over financial transactions which exist within the Society's various areas of activity. For this reason, I am pleased to report that the program of refining staff responsibilities to provide the best possible internal controls proceeded admirably during 1962. Significant improvements have been made in the areas of billing and collections of *Journal* advertising and in the purchasing commitment procedures for the Society. With the increased attention that the Internal Revenue Service is paying toward Associations and Foundations, the Society's financial affairs must always be above reproach or question.

New Foundation

This past year has seen the Educational and Research Foundation emerge into being as a significant factor in Illinois medicine. The Society has already contributed significant amounts of time and money to this long-needed enterprise, and undoubtedly will continue to do so in the future until it becomes self-sustaining. However, the work that this Foundation can accomplish is limited to a great extent by the amount of funds available. As Secretary-Treasurer of the Foundation, I can attest that nowhere will a physician find a better place to work an influence on Illinois and American medicine. Projects such as Impartial Medical Testimony programs are vital and necessary, yet this concept nationally is only ten years old, and was just getting started in Illinois in 1961. An Illinois Health Survey has been a long-desired goal for many physicians in Illinois, but as yet this has not been accomplished.

It is my hope that Illinois physicians will come forth and materially (financially) aid the progress of this Foundation as a tangible proof of their dedication to the advancement of medical progress.

1962 Budget

In 1961, the annual budget was revised downward after six months of experience to the net extent of $32,000. This was made nacessary by a drop-off in estimated *Journal* advertising income. At the same time, adjustments were made in *Journal* printing procedures so that advertising revenues and subscriptions covered all but $11,670 of the *Journal's* production cost.

In 1962, the same type of revision downward in the annual budget was necesary. Again, the major cause for the $12,000 net revision was a continued policy on the part of the major pharmaceutical firms to omit state medical journals from their advertising plans. The trend toward advertising only in national and regional publications was considerably increased by the passage of national legislation relating to drug advertising. Still, *Journal* advertising failed to meet all production cost by only $17,900 or less than $2 per member.

I am pleased to be able to report that a potential deficit, often considered as a distinct possibility during the past year, did not occur. Even after giving effect to the establishment of an Equipment Replacement Fund with an initial appropriation of $4,000 and a $10,000 contribution for political education purposes, we were able to add $5,400 to the Society's reserves.

At the meeting of the 1963 Reference Committee on Administrative Affairs, the Executive Administrator, Business Manager, Chairman of the Finance Committee and Treasurer will be available to answer any additional questions concerning the Society's fiscal affairs for 1962.

Investment of Reserves

The investment program for the Society's reserve funds, which was just getting under way at this time last year, has proceeded on a very satisfactory basis. In an attempt to more adequately protect the reserves, we are developing a managed fund of diversified "blue-chip" investments. At the end of 1962, the General Fund reserves totaled approximately $182,000. Of this amount, 35% was invested in U.S. Government bonds, 49% was in bank savings accounts returning 3½-4% interest, and 16% was in common stocks.

The Benevolence Fund reserves have been included in this diversification program and they totaled approximately $152,000 on December 31, 1962; 79% in U.S. Government bonds, 8% in bank

savings accounts, and 13% in common stocks.

This entire program is under the supervision of the Trust Department of the Continental Illinois National Bank of Chicago. All recommendations made by the bank are reviewed and accepted by the Finance Committee of the Board of Trustees before implementation is begun. Custody of all securities is maintained by the bank and monthly reports of principal and income are made.

Income from the investment of any temporary surplus in operating funds rose by $1,620 in 1962 to a total of $11,735. Most of this increase was the result of an increase in bank interest rates from 3% to 3½% and 4% which took effect in January, 1962. Improvements are under way to maximize the return we obtain from temporary investments of this type.

FINANCIAL STATEMENTS FOR 1962

The following is a condensed financial statement for the benefit of the entire membership. Our audited statements for the year ended December 31, 1962 will be provided to each member of the House of Delegates. Copies of our 1963 operating budget, as approved by the Board, will be made available to the appropriate reference committee for its consideration and comment.

Jacob E. Reisch

Illinois State Medical Society
Position Statement—December 31, 1962

	Total	General Fund	Benevolence Fund	Equipment Replacement Fund	Student Loan Fund	Property Fund
Assets						
Cash	$ 99,792.91	87,582.17	10,441.05		1,769.69	
Receivables	18,728.09	14,728.09		4,000.00		
Securities, at cost	240,775.77	92,368.22	141,407.55		7,000.00	
Student loans	86,692.25				86,692.25	
Prepayments and advances	4,695.88	4,695.88				
Office furniture and fixtures	56,507.86					56,507.86
Total Assets	$507,192.76	199,374.36	151,848.60	4,000.00	95,461.94	56,507.86
Liabilities and Fund Balances						
Payables	$11,332.11	11,332.11				
Accrued expenses	3,000.00	3,000.00				
Deferred income	2,087.50	2,087.50				
Fund Balances	490,773.15	182,954.75	151,848.60	4,000.00	95,461.94	56,507.86
Total Liabilities and Fund Balances	$507,192.76	199,374.36	151,848.60	4,000.00	95,461.94	56,507.86

Income Statement—General Fund—Year Ended December 31, 1962

Income		Expenses	
Membership dues—		Board	$ 41,625.35
Basic dues—$80 per member	$735,650.00	ISMS and AMA Meetings	57,861.83
Less allocations:		Administration	65,019.62
American Medical Association—$20 per member	183,800.00	Business Office	72,471.81
Benevolence Fund—$2 per member	18,380.00*	Springfield Office and Legislative Division	83,089.24
Total allocations	202,180.00	Public Relations and Field Services Division	92,727.89
Net membership dues	533,470.00	Economic Research Division	47,669.80
Illinois Medical Journal	90,941.32	Publications and Scientific Activities Division	35,149.93
Annual Meeting exhibits	14,277.50	Illinois Medical Journal	108,855.03
Interest & dividends	14,829.93	Nondepartmental	50,673.90
Miscellaneous	7,089.79	Total Expenses	655,144.40
Total Income	$660,608.54	Excess of Income over Expense	$ 5,464.14

*1962 assistance payments totaled $31,927.64

CHAIRMAN OF THE BOARD OF TRUSTEES

1962-1963 Meeting Dates

The first meeting of the newly-formed Board of Trustees (formerly Council) was held on Thursday, May 17, 1962, and was followed by meetings on June 24, July 29, September 15, and November 11 during 1962. Prior to the preparation of this report, meetings had been held in 1963 on January 13 and February 19. It is planned that meetings will also be held on March 17 and May 12 prior to the presentation of a supplementary report to the House of Delegates.

Organization and Committee Appointments

At the May 17, 1962 meeting Dr. Newton DuPuy was elected chairman, Dr. Burtis E. Montgomery was named chairman of the Finance Committee and Dr. E. A. Piszczek chairman of the newly-created Policy Committee.

At the June 24 meeting, the Board revised and, following final modifications, approved the recommendations of the Chairman for committee appointments. These were approved for publication with the Constitution & Bylaws as amended at the 1962 Annual Meeting. Upon recommendation by the Executive Administrator, Dr. T. R. Van Dellen was reappointed editor of the Illinois Medical Journal for the year 1962-1963, and Mr. John W. Neal was reappointed special legal counsel for the same period.

At the request of the Chairman of the Board of Trustees, it was agreed that members of the Board of Trustees should not be chairmen of committees, except where a committee was a committee within the Board, or a special committee made up of members of the Board. It was also agreed that in future years the Trustees should not even be members of committees, but may be appointed as advisors to committees. Inasmuch as this is experimental only, the Board will no doubt review the results of this plan of operation at the time of appointment of committees for 1963.

It was also agreed by the Board of Trustees that specific duties should be outlined for all committee chairmen, and that they be asked to maintain accurate attendance records during the year so that this information will be available when committees are appointed for 1963-1964. Much of this information has been reviewed by the Committee to Study Committees and is contained in a special report by the committee to the Board of Trustees at its meeting on January 13, 1963. It is anticipated that this will be published as an addendum to the Constitution & Bylaws for the guidance of committee chairmen and members.

Other Board Actions

To avoid unnecessary duplication in reports, the balance of this report will be restricted to actions not fully covered in committee reports found elsewhere in this Handbook. A sizable part of each Board meeting is given over to the review of committee reports concerning their current activities. Many committee activities and projects require Board decision and approval, and we recommend a thorough reading of all committee reports contained in this Handbook to obtain a complete understanding of the scope of your Society's activities during the past year.

The following activities of the Board, not ordinarily included in other reports to the House of Delegates, are reported essentially in the order of their introduction to the Board for consideration:

1. *Special Appointments to Represent ISMS.* The president, the president elect, the chairman of the Board of Trustees and other officers give much of their time to representing the Society at official and unofficial functions. There are also many meetings at which the Society is represented by committee chairmen and other members. It is impossible to list all of those who have served in this capacity and therefore we are eliminating the names and duties which they assumed for the Society. The Board of Trustees minutes are replete with appropriate reports as well as appreciation of the Board of Trustees for the excellent services of those who have been called upon during the past year.

2. *The Future of ISMS.* On July 29, the Executive Administrator presented to the Board of Trustees a report entitled "The Future of ISMS". This report was developed to aid the Board in its efforts to evaluate the future objectives and responsibilities of the officers, the committees, and the staff of the State Society. Express action approved as a result of this report included the employment of a Project Co-ordinator of the Educational and Scientific Foundation. The prospect of a follow-up survey of the administrative reorganization of the Society was considered to be unnecessary at this time.

3. *Educational Grant to IMPAC.* Upon the request of the Chairman of the Illinois Medical Political Action Committee the Board of Trustees considered a grant of funds to aid our members to better understand the nature of politics in the State of Illinois. An educational program of nonpartisan effort to stimulate physicians to take more active roles in community political thought and participation in the party of their choice was presented by Dr. John Newkirk in the name of IMPAC. It was emphasized that other state and national oragnizations, such as the Illinois Chamber of Commerce, the American Medical Association, and national labor groups, such as the AFL-CIO and their constituents are actively pursuing educational programs. After careful consideration and discussion before the Board of Trustees, a grant of $10,000 to the Illinois Medical Political Action Committee was made for the express and exclusive purpose of political education with the understanding that a report on the expenditure of these funds would be provided to the Board of

Trustees of ISMS every six months. The initial report at the end of the first six month period has been received.

4. *IPAC Advisory Committees.* District Prepayment Plans and Organizations committees have been authorized to review cases in connection with the administration of the quantity, quality and cost standards of the IPAC medical programs. They will be used in areas where county medical societies are not big enough to supply the customary advisory and special committee service, or are unable to act on cases within their particular jurisdiction.

Recent announcements in the news by the state auditor make it even more important that county society advisory committees assure themselves that medical care given to recipients of public aid is of the highest quality possible.

5. *Study of Congenital Anomalies.* In co-operation with the Illinois Department of Public Health and the Chicago Board of Health, the Maternal Welfare Committee was directed to prepare a study of all birth anomalies occurring in the State of Illinois during 1962 and 1963, including those caused by the drug Thalidomide. Less than six weeks following the implementation of this study, the Thalidomide phase of the study was completed. The results showed that no woman in Illinois taking this drug under a physician's supervision, gave birth to a deformed infant. This information was made available to the newspapers, and as a result, served to quell the public's anxiety about drug-induced infant deformities.

6. *Workshop Conference with Committee Chairmen.* On September 16 the Board held a meeting with the chairman, or his representative of each committee of the Society. Representatives of the Woman's Auxiliary were also present. A general session, including opening remarks by the President and the Executive Administrator, was followed by five group workshops dealing with the problems and needs of committees working in related areas of legislation, public relations, scientific activities, medical services and administration. Committee chairmen entered into the discussions in an enthusiastic manner, and the Board received much benefit from the problem areas and potential solutions which were discussed. It is my hope that this valuable program will be continued on an annual basis.

7. *"Senior Citizen" Blue Cross-Blue Shield Plan.* In the fall of 1962, a new Blue Cross-Blue Shield program for citizens over age 65 was announced in the State of Illinois. This coverage was the result of a special meeting of the House of Delegates called on March 17-18, 1962 and was further recommended at the regular 1962 House of Delegates. This action represents a concern over the effectiveness of the previous plans to help the aged in low income groups achieve the highest possible degree of personal financial security in regard to medical and hospital costs through the medium of private insurance programs. The public's acceptance of this program indicates that our efforts are well-grounded and proceeding in the right direction.

8. *District Committees on Aging.* District committees on aging, including a representative from each county medical society have been authorized and created. Each county medical society president has also been requested to appoint a local committee on aging to implement programs at the local level dealing with stroke, home care, financing of medical care, social activities for the aged, etc. The District Committee will seek to further the state-wide program.

9. *ISMS Sponsorship of Group Insurance Programs.* The Board of Trustees has given official approval to the Committee on Medical Economics to enter into negotiations for providing our members with the best possible group program of disability-sickness-insurance. Official Society approval of such a program was necessary to obtain the best possible contract for our members. Further information on this subject will be found under the report of the Committee on Medical Economics.

The retirement investment possibilities authorized under legislation, H.R. 10 entitled: "Self-employed Individual's Tax Retirement Act of 1962," passed in Congress in 1962 are also under study. Since Internal Revenue Service regulations concerning this matter have not yet been issued, final consideration of specific details for any Society-sponsored investment plan must be delayed until such regulations are published. The benefits to be derived under both a group insurance and a group retirement investment plan are considerable, and it is the feeling of your officers that the Society will be able to provide a valuable service to its members in these two areas. The Committee on Medical Economics has been requested to study and present a proposal on this subject as early as possible.

10. *Review of Employee's Retirement Plan.* Because of the need for providing the Society with a retirement plan more in keeping with the expanded size of our staff, the Continental Illinois National Bank of Chicago, trustees for the present plan, was authorized to review the present program and make appropriate suggetions toward establishing a plan on a more actuarily sound basis, using current industry pension standards as a base. It is believed that the current monies of the Society allocated for this purpose should be sufficient to provide a more realistic retirement program for long-term employees.

11. *The Educational & Scientific Foundation of ISMS, Inc.* We have requested that a separate report of The Educational & Scientific Foundation of ISMS, Inc. be submitted to the House of Delegates. The projects of this Foundation are exemplary and provide to the ISMS a mechanism to co-operate with other organizations in carrying out educational and scientific activities not normally provided for in the budget of the State Society.

Although the administration of the Foundation is under a separate Board of Directors, because it is a separate corporation, the programs and projects undertaken by the Foundation require ISMS approval and deserve ISMS financial support. Some, but not all, the administrative costs for the Foundation are assumed by ISMS, and the Foundation's Co-ordinator reports to the Director of Scientific Activities of the State Society. Provision has now been made that in any project grants made to the Foundation there will be 15% added to cover the administrative costs. This should enable the Foundation to provide financially for all administrative costs in pursuing its objectives and activities. For further information, we suggest that you study the special report of the Foundation.

12. ISMS Host for AMA June 1962 Meeting. The ISMS was host for the AMA meeting in June 1962. Dr. Walter C. Bornemeier served as Chairman of the Local Arrangements Committee, and appointed numerous committees to supervise the various activities. The Board of Trustees of the Chicago Medical Society, the Board of Trustees of the AMA, and the Board of ISMS mutually agreed to assume one-third of the financial responsibilities which approximated $3,000 for each organization. The ISMS delegation was host at the dinner on Monday evening, June 25. A special committee sponsored the first AMA bowling tournament; host committees for out of state and foreign guests were established, and numerous other activities were coordinated in conjunction with the AMA committees and staff.

A request has been sent to the AMA that the 1966 meeting be held in Chicago. A similar request is presently being considered for the meeting to be held in Chicago in 1969. If this should be acceptable, a special resolution to this effect will be introduced in the House of Delegates for confirmation.

13. Trustee District Meetings. The Board has continued to ask its members to hold Trustee District meetings. Most Trustees have done so, or plan to do so between now and the time of the 1963 meeting of the House of Delegates. These duties, as well as other multitudinous activities by Trustees require many hours of time. As Chairman of the Board of Trustees, I wish to compliment our Board members in their devotion to their particular duties as Trustees and counselors for their Districts. The member education program on the staff reorganization, as well as the new services made available to members continue to be emphasized. Provision is presently being made for the publication of this information in the Illinois Medical Journal, and in separate pamphlet materials. It should be noted here that Trustees and staff have participated in approximately 109 field visits and discussions with officers and meetings of county medical societies throughout the past year. Further information on this will be found in the report of the Committee on Public Relations.

14. Special Committees. Throughout the year Special Committees have been appointed by the Chairman upon approval by the Board of Trustees. Reports of these Special Committees are being prepared for the House of Delegates, and may or may not be submitted to the Reference Committee considering this report, depending upon the purpose of the committee. For the record, however, these committees are as follows:

Committee to Study Osteopathic Relations, Chairman, H. Close Hesseltine; Family Planning (Subcommittee of the IPAC Advisory Committee), Chairman, H. Close Hesseltine; Ad Hoc Committee on Drug Formulary, Chairman, James Weatherly; The Advisory Committee to the Attorney-General (Quackery), Chairman, Frank Fowler; Medical Museum, Chairman, Emmet F. Pearson; Committee to Study the Annual Meeting, Chairman to be appointed.

15. Budget for 1962-63. The budget for the State Medical Society is prepared on a calendar year basis. The details of the expenditures made during 1962 will be found in the report of the Secretary-Treasurer. The Finance Committee has carefully scrutinized all expenditures and reports to the Board of Trustees on these matters. Monthly financial statements are made available to each member of the Board of Trustees and all Officers. The Finance Committee has presented a budget for 1963, and the Board is currently operating on this recommended budget. At the present time we do not anticipate any increase in the dues structure. The Board will be prepared to make a recommendation on the 1964 dues at the final session of the House of Delegates.

16. State Survey on Tuberculosis. The Board of Trustees acted in support of a resolution by the Chicago Medical Society for a Survey of the Tuberculosis problem within the State of Illinois. The purpose of the Survey is to present recommendations to bring about more efficient programs for the control and ultimate eradication of this disease. This problem is currently under consideration by our Committee on Tuberculosis and discussions with the Director of the Department of Public Health.

17. Community Health Week. Upon recommendation by the Committee on Public Relations, the Board of Trustees set the dates for Community Health Week in Illinois for the week of October 21, 1962. We anticipate a continuance of this activity, and progress has been made in establishing a National Community Health Week, which is covered in more detail under the report of the AMA Delegation, and the report of the Committee on Public Relations.

18. Oral Vaccine Policy. On two separate occasions the Trustees considered recommendations of the Committee on Child Health and the Polio Technical Advisory Committee to the Department of Public Health. A policy statement has been adopted, and the details of this activity will be

found in the report of the Committee on Child Health.

19. Policy Regarding Use of IMT Panel in Malpractice Actions. The Board of Trustees was questioned whether or not it would be feasible to use the same panel of physicians presently acting as Impartial Medical Witnesses for the purpose of acting as witnesses in malpractice suits. It was determined that as a matter of policy this should not be done. This decision was based on the fact that Impartial Medical Testimony considers only the extent of injury, whereas a malpractice problem considers whether or not the physician defendant has abided by the minimum legal standard for acceptable legal care in a given area. The standard of legally accetpable medical care varies in different communities and is not identifiable with the highest possible standard of medical care to which an Impartial Medical Testimony panelist is committed; hence, it would be a gross injustice to ask an Impartial Medical Testimony panelist to testify as to the prevailing standards of ordinary medical care.

20. Reports of Executive, Finance and Policy Committees of the Board of Trustees. Each of the three mentioned committees report directly to the Board of Trustees in the interim between sessions of the House of Delegates as provided for in the Bylaws. The actions of the Executive Committee have been reviewed by the Board of Trustees, and the items of importance are included in this report to the House of Delegates. The same is true of the Finance Committee, with the exception that the report of the Secretary-Treasurer includes a financial report, and makes available to the Reference Committee the budget for the current year of operation. Inasmuch as the Policy Committee is newly established and is working diligently to prepare a complete statement of policies of the Society, a report by the Chairman of that Committee is attached as Appendix A to this report. This is by no means a complete statement, and it may necessitate several years before this committee's work is published for consideration by the House of Delegates. In the meantime, the guidelines established by the Board of Trustees for the operation of its committees and the Committees of the House are set forth in the annual reports of those individual committees. The committees continue to operate on policies previously established by the House of Delegates.

21. New Location for Headquarters Office. A special committee was appointed shortly after the 1962 Annual Meeting to consider possible relocation of the Headquarters office. Adequate research and study have been given to this problem, and it has been agreed that the office will be relocated on or about June 15, 1963 at 310 South Michigan Avenue in the Continental Center. It is anticipated that this move will be made on a favorable leasing arrangement for a term of fifteen years. More adequate meeting space, parking facilities, and restaurant facilities will be available. The offices of the Chicago Medical Society will also be in this same building, although not contiguous or adjacent to the State Society offices.

The Board of Trustees authorized and accepted the negotiation of a new five year lease for the Regional Office in Springfield, with the provision that subleasing be permitted, with an option to renew at the end of the five years.

22. Annual Dinner for Employees. In conjunction with a meeting of the Board of Trustees, the staff directors and all employees were entertained at an official dinner at which time the Officers gave special recognition for their contribution to the Society. This special dinner was held Saturday, November 10, at the Sherman House, and the guest of honor for the occasion was John W. Neal, who had completed his twentieth year of service as Legal Counsel for the Society. It is anticipated that this will be continued as an annual occasion.

23. Resolution Honoring Dr. Percy E. Hopkins. At the November 1962 meeting of the AMA, Dr. Percy E. Hopkins was elevated to the chairmanship of the Board of Trustees of the AMA. In view of his fine contribution to organized medicine, his devotion especially to the Illinois State Medical Society, the Board of Trustees has adopted a resolution in behalf of Dr. Hopkins' services with the following resolves:

"NOW THEREFORE BE IT RESOLVED, that the Board of Trustees of the Illinois State Medical Society does hereby offer to Dr. Percy E. Hopkins its sincere congratulations upon his well deserved elevation to one of the most important and influential posts in American medicine, and likewise congratulates the Board of Trustees of the American Medical Association for the wisdom of its selection; and

"BE IT FURTHER RESOLVED that this board of Trustees of the Illinois State Medical Society does now express its deep affection for and sincere admiration of Dr. Percy E. Hopkins by a rising vote of thanks, and that a copy of this resolution be sent to the Secretary of the Board of Trustees of the American Medical Association."

A copy of this resolution has been forwarded to Dr. Hopkins, and to the AMA.

24. Renewal of Contract for Executive Administrator. At its meeting on January 13, 1963 the Board of Trustees authorized the Finance Committee to offer to Mr. Robert L. Richards as Executive Administrator, a new five year contract as Executive Administrator of the Illinois State Medical Society. This June Mr. Richards will complete three years of service to the Society, and we believe that a continuation of his services is vitally important to our future.

Mr. Richards has perfected an organization second to none, and although we are the fourth largest in membership of the state societies, we find the larger ones looking to us for leadership in various fields.

The loyalties that he has developed with his staff continue to amaze me, and are most commendable.

25. *Liaison with the Office of Governer Kerner.* We should like to report there has been an excellent liaison established with Governor Kerner and his staff and his interest in the field of public health, mental health, tuberculosis and other areas of medical care are deemed commendable. Especially noteworthy were his comments in his address before the opening sessions of the General Assembly. At the February 19 breakfast meeting of the Board of Trustees, Governor Kerner was introduced by the Director of the Department of Public Health, Dr. Franklin D. Yoder. The Governor made a brief presentation, and a brief period of questions and comments followed.

In this particular area of governmental cooperation, we wish to extend particular thanks to Dr. Yoder, and to Dr. Gerty, Director of the Department of Mental Health, for their excellent cooperation and attendance at meetings of the Board of Trustees, and for participation in conferences such as our Legislative Conference in Springfield.

It has been reported by Dr. Gerty that the implementation of the mental health program in Illinois is proceeding as rapidly as posible. Further information may be found in the report of the Committee on Mental Health.

With respect to the Department of Public Health, there is no special committee which will report on all its activities. Therefore, it may be important that the House of Delegates know that the Department has recently been assigned an area of land in the southwest portion of the West Side Medical Center. A new laboratory, including the new Chicago office, will be constructed on this location. It is hoped eventually to also have a School of Public Health and an Institute of Health Science in the same area. A summary of the major achievements of the Department of Public Health is attached as Appendix B to this report.

26. *Sponsored Tour of Europe.* After considering a number of inquiries, the Board of Trustees authorized the sponsorship of a chartered tour of Europe for members of the Society. This tour has been publicized in the pages of the Illinois Medical Journal, and at the time of preparation of this report, approximately one hundred one persons have indicated an interest in the trip scheduled for July 25, 1963. Should this chartered flight prove to be successful, additional chartered trips will be considered, unless determined otherwise by the House of Delegates.

27. *Supplementary Report.* This report is being prepared prior to the March 16-17 meeting of the Board of Trustees. Several items of major importance are to be considered at that meeting, and a supplementary report by the Chairman of the Board of Trustees is anticipated.

28. *Conclusion.* In this, my first year as Chairman of the Board of Trustees, one thought has stood out most strongly in my mind; that the staff which has developed under the leadership of Mr. Richards has fully come of age. The years 1962 and 1963 provided some of the most trying and challenging moments Illinois medicine shall ever witness, and in each situation our Society's work has been carried out with professional competence which can cause each of us to feel immense pride in the team we have created. Major reassignments of personnel responsibilities were handled as smoothly as though each change was the most natural course to follow. These men and women work well together, and they deserve a vote of appreciation for their ability to get the needed work done on time, regardless of the sacrifice in personal leisure and relaxation. The previous report reflects primarily this devoted attention to medicine's affairs.

Newton DuPuy

Appendix A

Policy Committee

One of the new committees of the Board of Trustees is the Policy Committee. It was established by a change in the Bylaws, and approved by the House of Delegates in May 1962. This is the committee's first report to the House.

The duties of the Committee are established in the Bylaws: "The Committee shall continually review past and current proceedings of the House of Delegates to determine the established policies of the Illinois State Medical Society."

It reports to the Board of Trustees, and bases its reports upon policies and actions of the House of Delegates.

It is the opinion of your Committee that its responsibilities include outlining basic policies of the Illinois State Medical Society as set forth by the House of Delegates; that records be researched and that established policy be published and kept in a single source as a necessary record for the policy-making body, and as a working guide for the Board of Trustees and members of the staff between sessions of the House of Delegates.

In cases where no policy exists on matters of importance or where policy appears to be antiquated, the Committee feels that such policy statements should be prepared and presented to the House of Delegates for its consideration and action.

The Committee urges and encourages all members of the Society to send in ideas and suggestions for policy statements on basic issues in Society matters. The Committee will study the problems of the issues involved. It will then prepare a report together with proposed policy declaration or proposed revision of policy, and submit this report and recommendations to the House of Delegates at a future meeting. The Policy Committee of your Board of Trustees has proceeded in this manner during its first year of existence.

It has developed a list of subject areas upon

which it feels policy should either be set forth in a single source obtained from the records of the House of Delegates or should be spelled out by definite action by the House at a future meeting.

The final printed material will provide an excellent guide to the practice of medicine and to the conduct not only of the individual physician, but also the county medical society. It will be furnished to all county medical society officers and new members of the Society.

After official policy of the House has been researched and enumerated (and this may take some time depending upon the magnitude of the final report), the material will be submitted to the House in written form for its consideration and action. By vote of the House, it may:

1. Approve, reject or amend the proposed policy;
2. order it to referendum; or
3. refer it to the Board of Trustees for submittal to a committee for further study.

The Committee has selected the subjects appended to this report as worthy of policy determination. Additional suggestions will be welcome.

We request no action from the House on any specific issue at this time.

This report should be considered one of progress and additional information will be forthcoming.

E. A. Piszczek, *Chairman*
Fred C. Endres
John Lester Reichert

Appendix to Policy Committee Report

Suggested Items on Which "Policy" Should Be Established

1. Policy on employment
   a) over 65
   b) the handicapped
2. Standards for nursing homes
   a) recommendations of homes to be given out?
3. Endorsement of various insurance coverage
4. County wide immunization programs
   a) mass immunization
   b) use of chest x-ray service furnished by Department of Public Health
   c) Polio vaccine, etc.
5. Contact sports in lower age groups
6. Patient —physician relationship
   a) in regard to federal aid programs
   b) in regard to court actions, etc.
7. Voluntary health insurance
8. County or multi-county public health units
9. Responsibility to care for those unable to provide medical care for themselves
10. Statements to the press
    a) by whom
    b) use of physician's name — when and in what connection?
11. Community Health activities — relations of the profession to the voluntary health organization
12. Participation in political affairs
    a) legal restrictions — what can the physician do and what can't he do — also ethical angles
13. Federal money in local programs
    a) matching fund procedures
    b) education
    c) Hill-Burton type legislation
14. Bills to be introduced before the Illinois legislature
    a) endorsement by county and/or state society
15. Endorsement of political candidates
    a) an individual
    b) county society
    c) state society
16. Utilization of hospital beds
    a) responsibility of physician?
17. School Health examination standards
    a) where should examinations be given
    b) who should conduct examination
18. Codification of laws regarding health

Appendix B

Summary of Major Achievements of the Department of Public Health

Because all the items given below are considered worthy of attention, no attempt has been made to place them in order of their importance.

Joining about twelve other states in the nation, a Toxicology Laboratory under the Division of Laboratories was placed in service in Chicago. This facility will greatly assist the county coroners in making their precise post mortem determinations, and it is anticipated that a second such laboratory will be opened in Springfield before the end of the biennium.

The Division of Tuberculosis Control sponsored a two and one-half day conference on tuberculosis for representatives of the State Medical Society, Illinois Pediatric Society, Illinois Tuberculosis Association, Illinois Association of Sanatorium Boards, Illinois Thoracic Society, and a group of medical directors in Illinois sanatoria. The Chicago State Tuberculosis Sanitarium has accepted the responsibility of performing the thoracic surgery for the Department of Mental Health with additional plans underway to include cardiovascular surgery at this institution.

During the 1961-63 biennium the Division of Sanitary Engineering, Bureau of Stream Pollution approved over 1,500 sewage works projects, representing the installation of over 1,100 miles of sewer, and new or expanded treatment facilities at 285 locations. Federal Water Pollution Control Act grants of $5,900,000 were allocated to 74 municipal pollution abatement projects supporting sewage works projects of over $30,000,000. The Bureau processed 32 formal Sanitary Water Board actions

for enforcement by injunction, damages, or orders to abate pollution. Sewer systems now serve 79 per cent of the state population, and treatment works are provided for 97% of the sewered population.

Migratory labor camp control was started in 1962 under authority of an Act passed by the 72nd General Assembly. During this first year, 293 camps were licensed with the program continuing in 1963 and thereafter. Trailer park control has been exercised under statutory authority, involving approximately 700 separate mobile home parks containing almost 26,000 spaces.

Initial inspections of all 8000 registered radiation installations were completed and a program of periodic re-inspection was initiated. Nearly all defects found in 70 per cent of the installations were corrected to comply with Department regulations. The registration of new installations continued. All records were adapted for machine data processing. The environmental radiological monitoring program was continued and the data published at weekly intervals. Specific phases of the total program were coordinated with the Illinois State Medical Society and other professional groups, the Public Health Service and the U. S. Atomic Energy Commission. Technical assistance was provided to the Illinois Legislative Commission on Atomic Energy in its considerations of a disposal site for radioactive wastes and an agreement with the U.S.A.E.C. whereby Illinois might assume certain Federal regulatory functions. The milk industry was approached in developing appropriate measures for preventing excessive exposure to the population from milk containing high levels of Iodine-131. Special studies were conducted of the effects of conventional water and sewage treatment facilities in concentrating natural radioactive materials. Plans were developed for establishing a Civil Defense monitoring capability, in accordance with the Illinois Civil Defense Act.

A total of 2,300 surveys of public water supplies and swimming pools were made under the Bureau of Public Water Supplies, and a total of 1,930 public water supply approvals and 244 swimming pool permits for new or improved facilities were issued. The number of new public water supplies and new swimming pools built was 39 and 234 at an estimated cost of $105,000,000. At the present time, there are 1,429 public water supplies and 1,000 swimming pools in the state.

The Division of Preventive Medicine as a part of its efforts for improvement of maternal and child health, for improvement of care for mentally retarded and for prevention of mental retardation, initiated a program for detection and treatment of phenylketonuria, a hereditary disorder leading to mental retardation. Under this program, the Division encouraged screening of the infant population, served as the central registry for the state for these cases, and arranged for long-term intensive follow-up of susceptible families.

The program for care of premature infants continued with three premature care centers located in the downstate area, and three in the Chicago area. Of 1,788 (premature) infants cared for in downstate centers, 1,372 were transported to the centers by ambulance owned by the Department, or by privately owned ambulances paid for by the Department. Of the 1,359 premature infants cared for in the Chicago centers, 965 were transported in an ambulance provided by the Chicago City Health Department.

The Bureau of Maternal and Child Health cooperated with the Illinois State Medical Society in studies of maternal deaths by providing for obstetricians to complete 123 on-the-spot investigations, prepare detailed summaries of circumstances surrounding death, and participate in educational activities based on information gained with the purpose of reducing the number of such deaths.

The Department, through its Bureau of Epidemiology, purchased and distributed free to the citizens of Illinois more than 3,000,000 doses of Salk polio vaccine. Also, 1,000,000 doses Type I oral, live, virus vaccine was purchased, and in cooperation with the Department's Polio Technical Advisory Committee, and the Illinois State Medical Society, issued recommendations for use of the live virus vaccine in County Medical Society-sponsored community programs.

The Chief of the Bureau of Epidemiology as a member of the Sub-Committee on Highway Safety assisted in drafting legislation for presentation in the coming session of the General Assembly, and in setting up criterion for determination of physical and mental ability of drivers' license applicants.

An increase in infectious syphilis has brought about increased and intensified follow-up by trained venereal disease investigators to locate source and contacts and bring to treatment. In the biennium ended June 30, 1962, more than $30,000.00 worth of drugs were distributed free of charge for treatment of venereal diseases in Illinois.

The Illinois Uniform Hazardous Substances Labeling Act was amended by the Legislature in 1961. The Rules and Regulations Pursuant to the Act were promulgated, printed and circulated in early 1962. This law is designed to assist in the prevention of accidental poisonings through precautionary warnings and antidote information requirements on the labels of hazardous substances. There are now 80 Poison Control Centers serving the citizens of Illinois in treating accidental poisoning cases, and serving as Poison Information Centers operating on a 24-hour basis.

Through the Community Health Facilities Act passed by Congress in 1961, funds were made available to the states to provide out-of-hospital services and facilities. Illinois' share during this period approximated $850,000. To implement the Act, these funds were used to develop out-of-hospital services for the chronically ill and aged such as home nursing care, meals on wheels, home

helper service, multiphasic screening programs for heart, cancer, diabetes, glaucoma and other chronic conditions. A sound motion color film was developed for use in hospitals, nurses training schools and before medical society groups. The Department provided approximately 100 stipends for nurses to seek special training in rehabilitation procedures.

During this period, the nursing home standards were revised and up-graded. At the beginning of this period, there were 896 nursing homes and related facilities with 34,200 beds — now there are 923 facilities with 37,000 beds, an increase of 2,800 beds for the aged. Approximately 200 new homes providing from 50 to 200 beds in each facility are in the blueprint state or are under construction. The Department has conducted three institutes on nutrition for nursing homes to improve the quality of food being served.

The rheumatic fever registry in the Division of Hospitals & Chronic Illness now exceed 13,000 cases. The Department provides free penicillin for these cases to prevent recurrent attacks of rheumatic fever and further damage to the heart. Cancer funds were used to screen females for early cancer of the female reproductive organs. The cancer screening test (Pap Smear) is available in every county in the state.

The Illinois Department of Public Health has administered the federal Hill-Burton (Hospital & Medical Care Facility Construction Program) grant-in-aid program since its inception in 1946. During the current biennium, the Department has approved 37 applications for construction of hospitals and related medical care facilities in the state. Twelve of these were new general hospitals or additions to existing general hospitals. In addition, special category projects were approved for construction grants: 4 psychiatric units, 3 local health departments, 3 additions to professional nurse training schools and dormitories. Additional special category projects included: 6 skilled nursing homes, 3 chronic disease units in hospitals, 4 diagnostic and treatment units in hospitals, and 2 rehabilitation centers. The State of Illinois has allocated approximately $14 million of federal grant funds to these projects. It is expected that some 20 additional hospital and medical care facility projects will be considered for grant by the end of June 1963.

In September 1962, the Congress enacted the Public Works Acceleration Act to provide federal construction grants to eligible projects in certain areas of the country having substantial unemployment and problems of economic underdevelopment, and the Department has undertaken the administration of this program in Illinois — insofar as hospital and medical care facility projects are concerned. Already, the Department has developed eight projects with a total construction cost of nearly $12 million and with eligibility for nearly $6 million of P.W.A.A. funds. It is expected that an additional 8 to 10 projects will be developed in the early months of 1963.

The Department, since 1953, has been responsible for administration of the Hospital Licensing Act. This is a standard-setting Act which applies to virtually all hospitals operating in this state. Approximately 300 hospitals are licensed annually, following inspections by Department personnel. During the past year, the Department became increasingly concerned with numerous proposals to establish new large hospitals where there were questions as to the character of sponsors or to financing arrangements. In an effort to protect the public interest in this important matter, the Department, with the advice of the Hospital Licensing Board, now requires all sponsors to disclose fully their identity and the facts of ownership, financing, etc.

In June 1962 the Department installed a computer which has made possible a considerable expansion on the collection and processing of data and the availability of information. The types of reports now being processed on the computer include birth and death certificates, marriage and divorce records, cases of reportable diseases, payroll, inventory data, activities performed by local and state health departments, personnel special studies and research projects with many additional projects and applications being planned.

The Division of Local Health Services, during the current biennium, has administered grants-in-aid to full-time county and multiple-county and urban health departments amounting to approximately $1,850,000. These funds have assisted and stimulated local health officers and boards of health in developing public health services in breadth and depth at the community level. Special attention was given to the public health problems, services and organization of Suburban Cook County, and cooperation was given the Chicago Board of Health during the development of its plan for opening its first District Health Center.

As a result of cooperating with local health councils and the Illinois Statewide Public Health Committee for full-time local health departments, Macon county voted to establish its own county-wide public health department in November 1962.

The Division of Local Health Services was responsible for implementing the Medical Self-Help Training Program, delegated to the Director of Public Health by the Director of Civil Defense. The limited equipment and supplies from the federal government were used to initiate the Self-Help program in 10 counties, with populations totaling 250,000. During the early part of 1963 similar programs will be initiated in the remaining 92 counties, including Chicago, Suburban Cook County, and the school systems. The Division cooperated in the preparation of a national disaster plan for Illinois, and participated in planning for Department administration under emergency conditions and at alternate state headquarters.

As part of the Department's Medical Public

Health Residency Program, two well trained public health physicians were added to ease the critical shortage in this professional group.

Franklin D. Yoder, *Director*

SPEAKER AND VICE-SPEAKER

The business of the House of Delegates can only be conducted intelligently and correctly if the delegates are fully informed. For all practical purposes, every item that is before the House will be introduced during the first session. The material will be presented in two ways. First in the Handbook. Delegates will have had the Handbook available before the meeting, therefore these items will not be read again during the first session, but will be referred by page and subject to the appropriate reference committee.

The second, and sometimes more voluminous group of material consists of Resolutions and Supplementary reports. Resolutions will have been forwarded to the State Society for preparation of sufficient copies, after editing for good form, but the delegate or County Society sponsoring the resolution still owns the resolution and is responsible for the introduction. An opportunity will be given for the introduction of these resolutions, merely forwarding the resolution to the State Society does not constitute introduction of a resolution. Needless to say, the resolution also needs to have its sponsor present at the reference committee hearings.

The practice of open hearings on all matters should minimize the need for discussion during the report of the reference committee to the House. However there will be instances when it will be felt that the committee has not arrived at the correct conclusion or made the proper recommendation. In these instances, discussion on the floor of the House is certainly in order, but the best place to win a point is at the hearing before the reference committee.

The House of Delegates has no unusual rules of procedure, in case of doubt, Roberts Rules of Order, Revised is the authority. It is hoped that the business that is before the House can be conducted in a deliberate and efficient manner. It is also hoped that each delegate will appreciate that several hundred colleagues are giving their time and talent for the benefit of medicine in Illinois. Let's not waste their time, let's do business.

W. C. Bornemeier, *Speaker*

E. W. Canady, *Vice-Speaker*

EXECUTIVE ADMINISTRATOR

Three years ago, May 1960, I attended my first meeting of the House of Delegates of the Illinois State Medical Society. I attended that meeting as a guest for the purpose of orientation to my present position as Executive Administrator of your Society. For me, these three years have been rewarding and challenging; for all employees they have been very busy. For the Society and for the employees, I believe they have been fruitful years bounded only by limitations of time for the accomplishment of the major objectives of the Society.

What has been accomplished during these three years and where we go from here is the purpose of this report. History is truly the prologue for the future, and much of the future is dependent upon the groundwork which has been laid to achieve future administrative objectives.

A Brief History

Only to remind the House of Delegates of my administrative responsibilities I should like to recount that in 1959 a management survey was completed by the firm of Rogers, Slade & Hill, and reported to the House of Delegates in December 1959. Further progress was also reported by the Board of Trustees to the House in May 1960 when I was present for the first time. Detailed study of the management report by myself and the new staff confirmed many weaknesses and needs of the Society. By October of 1960 a new recommended budget and staff organization chart was presented to and approved by the Board of Trustees. On this basis staff and employee positions were developed. Most of the staff members were employed and working on committee programs by the time of the May 1961 meeting of the House of Delegates.

During the year 1962 program development was taken up in earnest. Committee responsibilities were reviewed and refined so there were no overlapping of staff functions. During this current year of 1962-1963 in conjunction with the Committee to Study Committees, your Executive Administrator has carefully reviewed committee definitions and the administration of committee programs. Should the recommendations which are included in the report of the Committee on Constitution and Bylaws be accepted, the Society will have taken a major step toward improving the administrative functions of the committees of the House of Delegates.

Much time has been given to the refinement of the business and financial responsibilities of the management function, including detailed monthly reports, budgets for all activities, and a sound investment program. The very fine report of the Secretary-Treasurer reflects many of these advances. The auditor's report confirms my personal feeling that we now adequately inform our officers and members on the financial affairs of the Society, prepare budgets on the basis of experience, and provide excellent financial controls on all expenditures.

Administrative committees such as the Executive, Finance, Policy, Medical Benevolence, Constitution and Bylaws have worked diligently during the past three years to provide the House of Dele-

gates and staff with a firm basis on which to build for the future. The Divisions on Publications and Scientific Activities, on Legislation and Economic Activities, and Public Relations and Field Services have developed challenging opportunities for the profession in Illinois as reflected in the reports presented by the various committees. The actions of the past two meetings of the House of Delegates demonstrate the progress which the Society can make, and will continue to make providing sufficient interest is developed on the part of the membership, and adequate funds continue to be available for staff and committee implementation. As a result of actions taken by each House of Delegates, many objectives have been established for the Society. The remainder of this report will be concerned with administrative objectives as well as planning their implementation.

Objectives and Planning

Administrative objectives are essential to planning for any organization. But objectives should be the outgrowth of a plan. Failure to achieve objectives points toward the need for revising plans, restating major problems and asking new questions. In 1959 you authorized the Board of Trustees to re-organize your Society and its staff. You then established a major objective. Since then three years have passed, and you may wish to take a long look at what has been achieved. You may also wish to establish some other major administrative objectives.

One contribution which some organizations require of their chief executive is that he define the future direction and limits of growth. If approved, they then become major objectives. These objectives, once set down, create a network of commitments for a variety of activties and for time of employees. Therefore, considerable time should be given by the House of Delegates to the consideration of objectives as well as to policy. But enthusiasm for an objective is no substitute for thorough consideration of the work and money involved in achieving it. Since the Board of Trustees requested me to establish administrative objectives in 1960 and since most have been accomplished, in my opinion, a copy of the administrative plan which I presented at that time will be made available to the reference committee for review and comment if they so desire.

I am often reminded of the report of a management consultant to one state medical society when he said: "The House of Delegates of a Medical Society usually passes resolutions, but they frequently forget the detail follow-through which must be used if the resolutions are to do any good." It is this failure which you must not allow to happen in your House of Delegates. It is for this reason that you must have a competent staff and active committees supported by adequate finances for the implementation of your objectives and plans as enunciated in your resolutions. In this respect, I have checked carefully the records of your past three annual meetings, and I found that all matters of follow-up have been referred to an appropriate committee, acted upon by your Board of Trustees, or if appropriate, implemented by staff.

Administrative Reports and Minutes

In my role as Executive Administrator, I always present a written and an oral report at each meeting of your Board of Trustees on my major activities and problems. Copies of these reports are available, and if requested, will be provided to the reference committee for review. Also as Executive Administrator I prepare the minutes of the Board of Trustees. These contain the official actions which are recorded for the guidance of all committees and staff. The Chairman of the Board of Trustees has covered the items of major interest in his report, but copies of Board minutes are available for the review of the reference commitee if this should be desired. The point of this comment is to make certain that members of the House of Delegates understand that there are hundreds of administrative decisions made each year which cannot possibly find their way into this or other reports to the House of Delegates. It would take months to reproduce copies, and weeks for the House of Delegates to review. However, this does not mean that the material is not reported, or available to those who are interested. It simply means that your officers and staff accept the administrative responsibilities delegated to them. They accept these responsibilities with a diligent and respectful attitude in order to carry out the wishes of the House of Delegates.

Administrative Objectives for 1962-1963

In July 1962 I presented to your Board of Trustees a detailed volume entitled "The Future of ISMS". I emphasized the administrative objectives for 1962-63, and outlined what might be anticipated during the next five years. Copies of this report will be made available to the reference committee if requested.

In my oral report to the House of Delegates, I shall direct my remarks to our administrative objectives for the next five years. In the meantime, the Board of Trustees has requested that more detailed information on activities of staff and committees be communicated to the membership. It is expected that by the time of the annual meeting a publication on this subject will have been completed. It will also cover the functions and services of the Society to all members, plus the services of the AMA. This publication will also be used for new member orientation. It will be revised periodically to keep it up-to-date. Copies will be made available to the members of the reference committee for comment if they desire.

One major adminstrative accomplishment, authorized by the Board of Trustees during 1962-63 was the employment of a Co-ordinator for the Educational and Scientific Foundation of ISMS. A complete report by the Foundation will be submitted to the House of Delegates. Recent publicity has been given to this activity in the Journal, and most members should be aware of the Foundation's current activities. This Foundation has been financed primarily by grants from outside sources, and imposes very little upon the financial resources of the Society, except in the allocation of office space, supplies, telephone and reproduction equipment. It is my personal opinion that this Foundation will provide the outward public expression which organized medicine has needed to co-operate with other organizations, business, government, etc., which otherwise might not be possible under the present dues structure of the Society. Because of this and other administrative changes during the past year, I have attached as Appendix A to this report a staff organization chart as of January 1, 1963. The Society now is operating with 26 full time employees, 5 part time employees and 2 full time employees of the Educational and Scientific Foundation.

Administrative Leadership

The American Management Association indicates that there are two major tasks for top management in planning the survival of an association. Both involve making choices. Both involve concentrating on some things and neglecting others. One task is to define (and continue to re-define) the direction and limits of organization growth. This task is one of making choices — and, therefore, restrictions — on the work to be performed, the resources to be used, for what purposes, and for which member. The other task is to define the specific contribution top management should make to the growth of the organization. It is not enough to say "leadership", or "foresight", because the officers, members and staff of the ISMS must all contribute leadership and foresight. But as I see it, my major contribution is to accept the responsibility to take specific actions in such a way that all the knowledge and skill of your employees and members will be brought to bear on any major problem or program of the profession. I trust that I have accepted this responsibility and have carried out your wishes and those of the Board of Trustees to your satisfaction.

Robert L. Richards, *Executive Administrator*

TRUSTEE REPORTS

First District

The Medical Societies of the ten Counties of Northern Illinois, outside of Cook County, make a group with problems varying according to their size and geographic centralization of the membership. Almost 1000 members reside in this District. Carroll, JoDaviess and Boone Counties have memberships under 20 each while Kane, Winnebago and Lake Counties boast memberships of 250, more or less. The other Counties range from 35 to 75 members each. Some of these Societies have members spread widely over the geographic area and in these Counties attendance at meetings is a major problem. Diverse community interests overshadow society importance. This problem plagues both the large and the small Counties. Competition with hospital staff problems and specialty groups also take toll of the attendance and interest, particularly in the areas separated by longer distances.

Kane County solves this major problem with three branch Societies and quarterly Society meetings. This has gone far to weld the Society into a functioning unit. A Society Bulletin, outstanding in Winnebago, exists in three large Counties and helps keep communication with the membership.

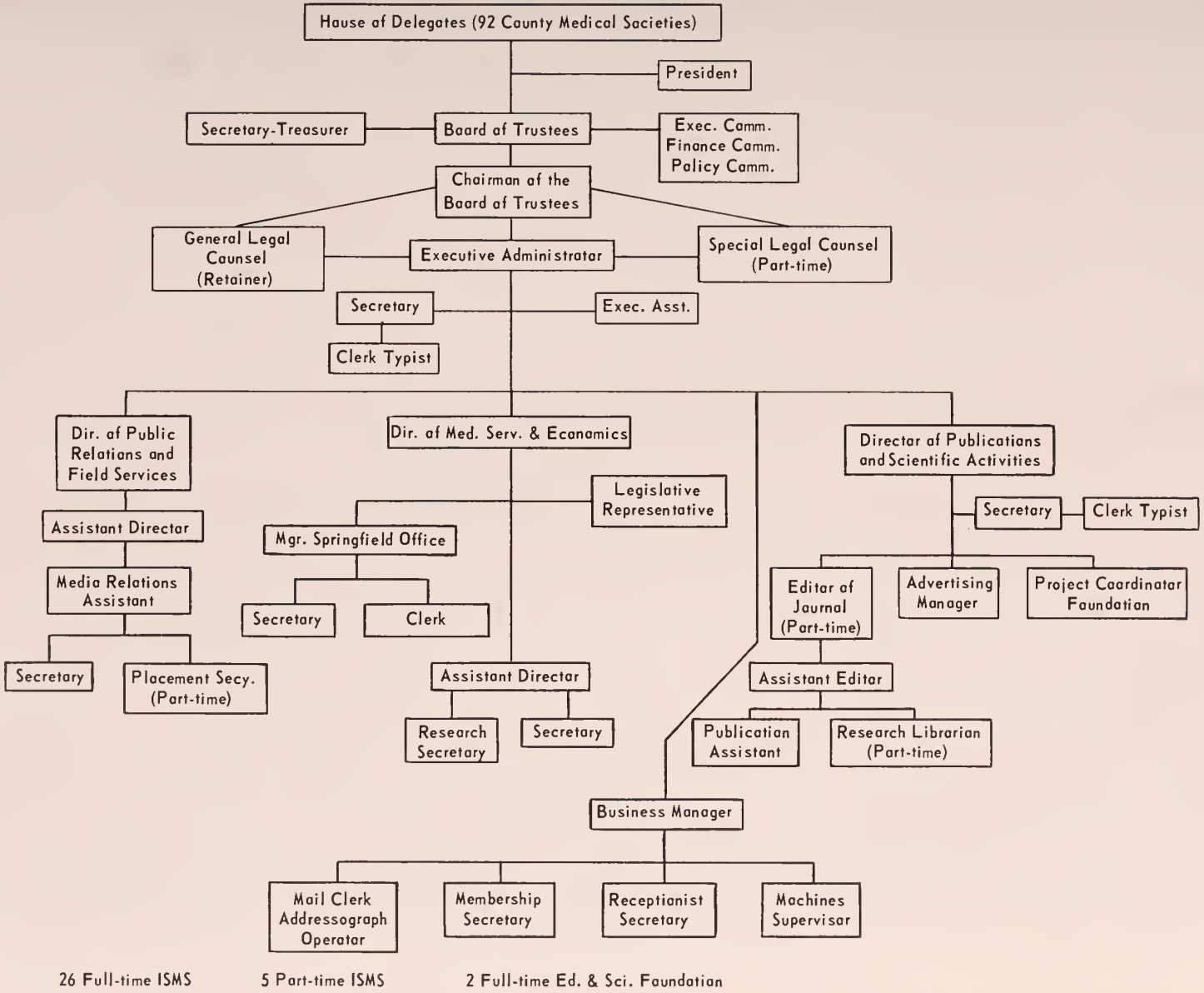
The hard core of interested individuals in each Society attempts to keep the purposes of medical organization constantly before the members and to send responsible delegates to the Illinois House of Delegates. Capable officers keep the Society organized to function in all areas as suggested by the Illinois State Medical Society but committee members sometimes fail in accomplishment because of lack of fundamental knowledge of the Medical Society's objectives.

As one visits these Societies, the sad fact is apparent, be the group large or small, that the rank and file of members lack interest in medicine's problems and coldly refuse to participate in activities so necessary to our professional existence. In spite of the avalanche of information and ideas for active interests sent to them by local and state officers, they fail to either read or heed it. This is not fair to those of their members who work so hard to maintain Society organization. In almost every case where complaints come to the attention of the Trustee, it is because of poor response to membership obligations in learning and knowing about their Society.

Perhaps these problems are not unique to the First District but they are fundamental to organized medicine's greatest weakness—indifference. As in any organization, the faithful must continually attempt to educate the membership to their responsibilities and the public to the righteousness of our cause. The First District does have many faithful so as your Trustee, I believe the membership of the First District has the stamina to overcome this insidious disease. Surely you must try in the years to come.

Carl E. Clark

Chart Of Staff Organization, as of Jan. 1, 1963



26 Full-time ISMS 5 Part-time ISMS 2 Full-time Ed. & Sci. Foundation

Second District

The county medical societies of the Second District have continued to function with good organization through their local officers and committees, and have conducted properly diversified scientific programs. There may be one or two resolutions for presentation to the House of Delegates at the annual meeting in May 1963.

The number of doctors throughout the district that are enrolled as members of county medical societies has remained practically constant — there being in fact an increase of one member physician in the overall membership of the district.

It has not been necessary to convene the District Committees, that is, the Ethical Relations, the Grievance, and the Prepayment Plans Committees during the past year.

Some of the county societies have been active in public relations affairs such as disaster care, mass diabetic screening, and x-ray screening of chest pathology.

The county societies cooperated excellently with the recommendations of the Illinois State Medical Society and the Illinois Department of Public Health in the mass immunization program with the oral polio vaccine.

Lee County Medical Society has instituted a County Medical Library.

There is in the planning stage for next Fall a district meeting — the program to be conducted by the administrative staff of the Illinois State Medical Society and the Scientific Service Committee.

Your trustee is an alternate member of the Maternal Welfare Committee, and a member of the Committee on Medical Service, and served as chairman of a subcommittee for the Legislative Reception and Dinner. Your trustee has presented a talk on prepayment plans to a district meeting of the Illinois Health Improvement Association. These people are our allies in socio-economic problems and we should continue our close liaison with them. Your trustee attended the Second Annual Public Affairs Conference at Washington, D. C. At this meeting we gained some very fine factual information and the Medical Service Committee felt that it established good public relations with members of the house of representatives and the senators from the State of Illinois.

I wish to thank all the officers and members of the county societies for the cooperation and the courtesies extended to me. I have enjoyed working with the officers and trustees of the Illinois State Medical Society. I am grateful for the help and cooperation of the headquarters staff, in both the Chicago and Springfield offices.

Ralph N. Redmond

Third District

Report not available

Fourth District

The Fourth District of the Illinois State Medical Society is comprised of the County Societies of Fulton, Hancock, Henderson, Henry-Stark, Knox, Mercer, McDonough, Peoria, Rock Island, Schuyler and Warren. During the year the component County Societies have continued actively and have cooperated in the projects sponsored by the State Society.

Your trustee attended all but one trustee meeting held during the year in Chicago. All sessions of the Annual Illinois State Society meeting held in May were also attended. He served on the Membership Committee and the Policy Committee. Your trustee also served on the Welcoming Committee during the Annual Meeting of the American Medical Association held last June in Chicago. He attended most of the sessions of the House of Delegates at that meeting. This was especially valuable since your Fourth District Trustee was elected Alternate Delegate to the American Medical Association House of Delegates, the term beginning January 1963.

Your trustee officially represented the State Society at the funerals of two deceased members of the Society, namely, Drs. Robert Dunlevy, a committee chairman of the State Society, and Dr. F. Garm Norbury, former president of the Society. These deaths occurred during the fall meeting of the A.M.A. in Los Angeles when the officers of the Society were in California.

Your trustee also attended the Association of Commerce Public Affairs Conference held in Washington, D. C., in January. This conference was also attended by the Peoria County chairman of the Legislative Committee, Dr. Carl Neuhoff. This meeting was instructive and gave an insight into the workings of our Congress. Meeting our Illinois Senators and Congressmen in their own offices with our Illinois Delegation was an experience not to be forgotten and appears to be a must for one who wishes to speak before lay groups when discussing legislation affecting organized medicine.

Your trustee also attended the State Legislative Conference and dinner held in February in Springfield, entertaining the members of the Illinois State Legislature. The meeting was a success and the Fourth District was well represented by doctors and their wives.

All counties of the Fourth District have appointed Legislative Action Committees. All counties have also made appointments to their area committees on Aging.

In April 1962 Dr. Frank Winters and Dr. Charles Blair of Warren County, former trustee of the Fourth District were presented with Fifty Year Pins and Plaques.

The Constitutional Committees of the District, namely: Grievance, Third Party Plans, and Ethical Relations Committees were not convened as no occasion arose which the component societies could not resolve.

All county societies are visited when possible. Some counties meet only on a quarterly basis and one county once yearly. County society visits are timed, when possible, to coincide with the presentation of the Fifty Year Awards. A District Meeting is held annually in Galesburg late in spring. This city is located centrally in the district. All County Society Officers and Delegates are invited. Proposed Resolutions to come before the House of Delegates of the Annual Meeting are discussed at this meeting. This year we plan to have one of the officers of the Society discuss pertinent problems.

Your trustee wishes to express his appreciation for the cooperation of the membership of the county societies comprising this district. He also wishes to include in that expression of appreciation the State Society Officers and the Staff who give generously of their time and ability to get the job done.

Fred C. Endres

Fifth District

The seven counties comprising the Fifth Trustee District have continued their activities and programs regularly and energetically during the past year and many members of this area have participated in diverse State Society sponsored programs as well as committee assignments. Regular monthly meetings have been held by most of the counties; the members of those whose membership is not large enough to plan regular programs have attended meetings of nearby societies. Again this year, the monthly meeting agendas have varied from that of traditional and purely scientific meetings, the discussions embracing subjects related to medico-economic problems, third party participation, para-medical unity and legislative liaison and actvities. Two counties, McLean and Tazewell, have continued to have the services of a part-time executive secretary.

It is readily apparent that the physicians of this District are not only more aware of and understanding better the many grave problems facing the medical profession today, but more important, are doing something about it. There is less apathy. Interest and participation in the political arena of last fall was unprecedented and, in this District at least, medicine's voice *was* heard. Unquestionably some credit for this increased activity is due to the impetus provided by the Administrative Staff of the State Society by the more thorough dissemination of information to the county and individual level. The full potential of this staff is now beginning to show and every member of the Society owes them a vote of gratitude and confidence.

Of interest on the national scene was representation from McLean County by Dr. R. E. Baxter, Bloomington, at the Society's visit to Senators and Congressmen on January 22 and subsequent attendance at the Public Affairs Conference of the Chamber of Commerce of the United States of America on January 23-24. I can also report that the Sangamon County Medical Society has become a member of this organization.

In Springfield, now buzzing with many rumors as to what bills the current legislature will consider of interest to medicine, numerous activities have taken place. Early last fall, for the fourteenth consecutive year, the Illinois State Medical Society maintained, in conjunction with the Sangamon County Medical Society, an exhibit at the Illinois State Fair. The usual large attendance was gratifying and it provided an opportunity to individually deliver educational literature to a large number of people. On hot August days at a State Fair medicine is well off the Ivory Tower.

On October 14 the annual Secretaries' Conference was held at the Hotel Leland. A well-rounded program covered many phases of county society administration and programming. Of special interest statewide was a thorough presentation of Blue Shield's "Over 65" plan and a report on Kerr-Mills results in Illinois. For the first time, awards were made to County Secretaries having ten years of continuous service.

As is customary in legislative years, a reception and dinner for legislators and elected state officials was held on February 19 at the St. Nicholas Hotel. This year this event was preceded by a full-day Legislative Conference well attended by county society Legislative Chairmen and Officers. Programs such as this not only should, but must, be continued if we are to adequately inform and educate our key members and unify our position as a decisive force in the legislative field.

The Sangamon County Medical Society held a most interesting meeting on March 14. A subpoena was served on the Society's president requiring him to have all his members present at a meeting "Doctors vs. Lawyers." Quesitons and gripes were put to a panel of four lawyers and four physicians from an audience of physicians and barristers. The real purpose of the meeting, however, was to implement and bilaterally understand the state's new "Interprofessional Code for Physicians and Lawyers."

Members of this District were saddened on November 24 to learn of the untimely death of one of its outstanding and well known members, Dr. Robert E. Dunlevy. His services to medicine are well recorded and his good fellowship will long be remembered. It was only a little over a year ago that he was honored by a community testimonial dinner sponsored by the Tazewell County Medical Society.

Strangely, no Fifty Year Club members have been added this year to the rolls of this noble group at the time of this report. Nor has there been any usage of the District Grievance, Ethical Relations or Prepayment Plans and Insurance Committees. Local county societies have maintained county grievance committees and all such matters have been satisfactorily handled by them.

I should again call attention to the Springfield Regional Office. While now geared to overtime activity with legislative matters, it has functioned well throughout the year with diverse activities and assignments. Members of the Society are urged to visit the office while in Springfield and the current Director, Mr. Walter Farrand, will be responsive to your requests.

During the past year I have attended all the meetings of the Board of Trustees, the AMA annual and clinical meetings, numerous other meetings both in and out of the state, and been a member of several State committees. I have also served as Secretary-Treasurer of the State Society and Educational and Scientific Foundation.

It is most gratifying to be a member of the Fifth Trustee District. I am deeply indebted to all the county society officers and members for their help, cooperation and suggestions and I sincerely thank each and every one. To be able to present the activities of this District to the Society as a whole is indeed a privilege.

Jacob E. Reisch

Sixth District

The Trustee of the Sixth District is happy to report that the affairs of the component County Medical Societies, with efficient and dedicated officers, function efficiently as usual. Several previously planned trips to the county societies have been regretfully missed due to conflicts of state and national meetings. The District has suffered the tragic loss of several prominent and irreplaceable physicians among them past presidents of the Illinois State Medical Society: Dr. J. Mather Pfeiffenberger of Alton and Dr. F. Garm Norbury of Jacksonville. There have been no Fifty-Year Pins to award this year. The societies have had no major problems or incidents requiring meeting of the Ethical Relations, Grievance, or Prepayment Plans and Organization Committees.

It is gratifying to report that the Woman's Auxiliary to the Madison and Adams County Medical Societies function with enthusiasm. It is to be deplored that we do not as yet have an organized auxiliary in each county.

In the past year many items of public and professional interest have been noted and I should like to mention a few. In an Albuquerque, New Mexico, newspaper devoting a full column, a patient of Dr. Robert England of Carlinville was quoted as follows: "We have six thoroughly devoted, badly overworked doctors to take care of this tremendous number of people, yet I have never known one of them to give less than the adequate amount of attention and interest to each patient whether a paying one or one of many charity cases." To be fully appreciated, this entire column should be perused; it is in the Public Relations files. One of the cities of this area qualified for "The All-American City Conference" and the Medical Society defrayed part of the expense of delegates to Washington emphasizing the medical facilities. The Macoupin Medical Society finding itself replete with funds, reduced its dues to $5.00 this year and was able to send a check for $1,000.00 to AMA-ERF. It has been estimated by one of our staff directors that $35,000.00 TV time for medical subjects has been given by two stations in one of the district cities during the past year. Madison County was host for the Illinois Nutrition Committee headed by our own Dr. Paul Dailey. Most of the societies participate in the programs of Public Safety, Self-Help, and Health Education as advocated by the State Medical Society.

Your Trustee has attended all of the meetings of the Board of Trustees of the Illinois State Medical Society. The visits to the various societies are most enjoyable and the courtesies, cooperation, and hospitality accorded are most sincerely appreciated. The cooperation of the Executive Administrator of the Illinois State Medical Society and his staff is most gratefully acknowledged.

Newton DuPuy

Seventh District

The membership of the constituent county societies of the Seventh District shows slight variation. There has been a decrease in numbers of one in Effingham County, Fayette County, two in Macon County and one in Piatt County.

District Committees: There has been no call for a meeting of the Ethical Relations Committee.

Grievance Committee: Dr. Edgar Weir of Atwood, Illinois, called a committee meeting at Vandalia, Illinois, February 3, 1962, to study a case of grievance against two physicians in the district and was the first call for this committee for action. Witnesses were interviewed by the committee as a whole and the material is at present under study.

Prepayment Plan Committee: One meeting was called by Dr. Philip Lynch, Chairman, at Taylorville, Illinois, in September of 1962, at which time there was a general discussion on health insurance and prepayment plans, but no conclusive actions were taken.

Public Relations Programs Committee: There have been no community health week programs in this district. Self-help programs in Disaster Medical care is being actively conducted by the Disaster Medical Care Committees in the counties with hospital facilities.

Medical Society Programs of Interest: All county societies have participated in the Sabin poliomyelitis vaccine with the exception of Macon County. After deep deliberation the Macon County Medical Society Poliomyelitis Vaccine Committee felt that it was to the best interest of all concerned to continue Salk immunizaiton. After complete clearance of the one controversial Sabin vaccine for oral use and with known public satisfaction, the Sabin program will be started.

Postgraduate Medical Education Program: This is the first year in the tenure of office of your Trustee that no Postgraduate Conferences have been held in the Seventh District.

Scientific Service: All Societies have had no difficulty in obtaining speakers for their programs. One outstanding speaker in Macon County was Dr. James Laidlow of Champaign, Illinois, formerly of Regina, Saskatchewan. Doctor Laidlow gave a very scholarly discourse on "government control of medicine," giving a full documented history of the Saskatchewan affair.

Administration of County Medical Societies: Only one Society, the Macon County Medical Society, employs an Assistant Executive Secretary. The other societies are staffed on a voluntary basis.

Future Activities Planned for the County Societies: Legislative programs—no new programs are in process at present. The Macon County Medical Society worked actively in influencing a County Health Unit which was successfully voted into the county in the November 1962 election.

The constituent Societies did excellent work in alerting the public to the dangers of the King-Anderson legislation. They revealed that the Profession was fairly aroused by the tactics used in Washington in the 1962 session of Congress. Further enthusiasm was revealed by individual members' contributions to Candidates for election and re-election in the Seventh District, having "Organized Medicine's" philosophy of the practice.

Your Trustee notes that the Societies are calling upon the administration in Chicago for informative sessions with various Staff members. The most recent was at the Christian County Medical Society's meeting at Pana, Illinois, at which Public Relations Director Don Martin and Legislative Representative Harold W. Widmer met for free discussion with the members.

Two Fifty-Year awards were made in 1962. On May 3, 1962, Curtis Henderson, M.D., was highly honored by his Community in Clay City with a tremendous turnout at a dinner given in his honor at the Community High School. G. H. Parmenter, M.D., was awarded his Fifty-Year pin and certificate on May 14, 1962, at Effingham, Illinois, at the regular meeting of the Effingham County Medical Society.

Your Trustee has been in telephonic communication with the constituent societies and has responded to all requested visits. He has attended all Board of Trustee meetings and was Chairman of the Illinois Delegation to the American Medical Association during the year 1962. He also served on the Committee to Study Committees, the Medico-Legal Committee and the Redistricting Committee.

To summarize, the activities in the constituent societies of the Seventh District have been normal. There has been very little change in the numbers of members. The Grievance District Committee had its first formal case. All societies have cooperated to the best of their intent in the Poliomyelitis Vaccination Program. The Postgraduate Medical Education programs were not called upon. Politically all members have been alert and working hard. They have fully recognized the dangers of King-Anderson type legislation.

Your Trustee expresses great appreciation and gratitude to all of the members of the constituent societies of the Seventh District and especially the Woman's Auxiliaries who have participated in events such as Fun Fair and other civic projects to aid the hospitals in the area.

Arthur F. Goodyear

Eighth District

Report not available

Ninth District

There have been no particular problems in the Ninth Trustee District during the year 1962-1963. There have been very few changes insofar as the doctor population is concerned. Franklin County indicated a loss of one doctor. Johnson County gained one. White County lost two. There has not been reported any activity of the Ethical Relations Committee, the Grievance Committee, or the Prepayment Plans Committee of this district.

There has been some activity in Polio immunization particularly in Williamson County. Apparently a fairly successful program was instituted in this county for the oral Polio vaccine. The Saline County Medical Society is contemplating a Tri-County wide Polio Immunization Program which has just begun to be organized at the present time.

Again, I wish to express my appreciation to all of the Officers and Delegates of the Ninth District for their splendid co-operation; and, as stated before I would hope they would call on me at any time for any problems that might come up in their county society. Also, I wish to express my appreciation to the Officers, Board of Trustees, and the Staff of the Illinois State Medical Society for their co-operation and friendship. I feel that our State Medical Society is becoming stronger each year and that more activity is being generated in the county medical societies as a result of our staff activities.

B. E. Montgomery

Tenth District

The Tenth District of the Illinois State Medical Society occupies the area in the southwestern section of the state extending from E. St. Louis to Cairo and from the Mississippi River to the eastern boundaries of Washington, Perry, Jackson, Union and Pulaski Counties, bounded on the east by the Ninth District.

The Ethical Relations, Grievance and Prepayment Plan Committees have not had any work referred to them during the past year. There have

been some grievances come up in various societies. However, the individual societies apparently have been able to handle these difficulties without the aid of the district committee.

Outstanding activities of the various county medical societies:

Three county medical societies in the Tenth District have put on county-wide programs for the use of the Sabin oral vaccine. Two counties had fairly good coverage and one county did not have good coverage.

St. Clair County Medical Society promoted a Health Fair in Belleville during the National Community Health Week.

There has been some study, probably in three counties, on disaster medical care.

The postgraduate medical education programs and scientific services have not been used a great deal in the Tenth District, largely because of the distance from Chicago. However, speakers from St. Louis have appeared before various county medical societies, and occasionally a program will be sent up from other Missouri towns. I believe one society has made use of a speaker from Paducah, Kentucky.

One county in the district has a part-time executive secretary.

The officers of the various county medical societies have been encouraged to select their legislative chairmen and report their names to Mr. Widmer.

I would summarize briefly that the state of medical affairs in the Tenth District, St. Clair County is well supplied with doctors. Two other counties, I am quite sure, are pretty well covered, inasmuch as they have medical centers within the counties. The rest of the counties suffer from a shortage of doctors. One county has gained a doctor over the past year. One county has lost two doctors. Another county gained a doctor but just recently (February 9) buried a doctor, in fact, he was one of our delegates — Dr. George Meshew from Mounds, Pulaski County.

It has been a pleasure to work with the societies during the past year. I am indeed grateful to the presidents and secretaries and to all the membership who have helped me get the necessary work done in the District and I would like to thank those who have exhibited energies toward the advancement of good public relations and for the advancement of good medical care and for keeping the patients' health and welfare foremost in mind.

Willard W. Fullerton

Eleventh District

During the past year the component medical Societies of the eleventh district have functioned admirably well. It is to their credit that the officers of the constituent County Medical Societies have maintained a high standard in the various fields of activities.

First of all, there has been a steady growth in membership which is particularly true of the Du-Page County Medical Society.

In the field of Public Relations activities, a widely expanded program has been instituted which varied in scope depending upon the size of the Medical Society. This is also true in respect to legislative activities and current medical legislation. Neither has the excellence of scientific meetings been neglected as shown by the wide range of fine programs offered by several Medical Societies.

The Will-Grundy County Medical Society has joined with the Dentists and Druggists to form the Aesculapian Society. This new organization engaged the services of a full time administrator and proved very effective, especially in developing good inter-professional relationship.

Having attended the Congress on Mental Health which was held under the sponsorship of the American Medical Association on October 4 and 5, 1962, I was particularly impressed that mental health and the care of the mentally ill presents a tremendous problem all over the country.

A dispute which has arisen in one of the County Medical Societies between two members of a hospital staff, challenging the action of the Executive Staff of the hospital, could not be resolved by the District Grievance or Ethical Relations Committee. Consequently, a resolution was offered by the respective Medical Society. This was referred to the State Ethical Relations Committee which has it under consideration at this time.

As always, it was my pleasure to award a fifty year certificate to Dr. Leonard F. Roblee of Lockport, Illinois. March 14, 1962, was proclaimed Dr. Edwin S. Hamilton day in Kankakee. He is a past president of the Illinois State Medical Society and a former member of the Board of Trustees of the American Medical Association.

Your trustee of the eleventh district has participated in the various committees assigned to him and attended all the meetings of the Board of Trustees of the Illinois State Medical Society during the past year.

I wish to take this opportunity to thank all the officers and members of the constituent Medical Societies of this district for their fine co-operation.

Bernard Klein

Trustee-at-Large

Report not available



COMMITTEES ASSIGNED TO DIVISION OF ADMINISTRATIVE ACTIVITIES

ILLINOIS DELEGATION* to the A.M.A. House of Delegates

It is not the purpose of this report to call your attention to specific actions taken by the AMA House of Delegates; this information has been disseminated by the AMA and by the ISMS through various publications. We will present matters either sponsored by the ISMS delegation, or supported by your representatives; we will outline the various appointments held by Illinois physicians, and alert you to grass roots activities resulting from AMA policy determinations.

June, 1962 meeting in Chicago

1. Resolutions Presented by the Illinois Delegation

a) *Resolution #24* dealt with records required by the Joint Commission on Accreditation of Hospitals, and was referred to the Reference Committee on Medical Education and Hospitals. The reference committee referred the resolution to the Ad Hoc Committee of the House of Delegates on Joint Commission Procedures, and recommended that it be included in its deliberations.

b) *Resolution #25* dealt with recognition for physicians working on programs in foreign countries, and was referred to the Reference Committee on Miscellaneous Business. During the discussion of this resolution, it was learned that AMA staff currently maintains a list of physicians working on programs in foreign countries so that appointment of a committee was not indicated. The Reference Committee agreed with the intent of this resolution but recommended in lieu of its adoption, that the honoring of these physicians be accomplished by the Board of Trustees.

c) *Resolution #44* (commendation to F. J. L. Blasingame) was adopted without reference, and the House gave a standing ovation to Dr. Blasingame.

d) *Resolution #45* referred to the Committee on Legislation and Public Relations. This resolution expressed opposition to compulsory inclusion of physicians under the Social Security Act, and was considered with ten similar resolutions. The reference committee recommended that the House "reaffirm the position of opposition, and that the reasons be republished and given wide distribution for the benefit of new physicians joining since the last detailed publication of the Association's reasons for opposing the compulsory inclusion of physicians." (JAMA 11/26/55 p. 1302.)

e) *Resolution #46* referred to the Committee on Legislation and Public Relations. This resolution endorsed Kerr-Mills and expressed opposition to King-Anderson; it was considered with 16 similar resolutions and the reference committee presented a substitute resolution embodying the principles expressed by various state societies.

2. Appointments Held by Illinois Physicians at the June, 1962, Meetings of the House of Delegates

Reference Committees: Maurice M. Hoeltgen, Chairman, Amendments to Constitution and Bylaws; Harry Mantz, Credentials; H. Kenneth Scatliff, Chairman, Reports of Officers; Leo P. A. Sweeney, Chairman, Rules and Order of Business; and Frank H. Fowler, Sergeant at Arms.

3. Elections

Dr. Walter C. Bornemeier was re-elected as a member of the Council on Constitution and Bylaws.

4. Grass Roots Follow Up

a) The House urged that in states where laws have been passed to implement Kerr-Mills, the state societies should "work actively with other responsible citizens in reviewing the functions of the law, evaluating its effectiveness and aggressively supporting improvements in programs to aid those aged who need help so as to achieve the provision of quality medical care and service."

b) The House approved the following policy statement relative to utilization of state and federal tax funds to provide voluntary prepayment health insurance protection to assist the aged in meeting the costs of health care services:

1. The need for application of the prepayment or insurance principles to protect our people against the costs is recognized and applies to all ages rather than to the aged alone.

2. Persons financially able to prepay their own expenses are expected to do so.

**Reviewed by Reference Committee on Miscellaneous Business.*

3. Persons financially unable to prepay adequately may be assisted by their families, their communities, their states, and then by the federal government.

4. The prepayment system should be devoid of governmental controls.

5. The dignity and self-sufficiency of the individual should be upheld.

6. Protection should be reasonable comprehensive.

5. Delegation Activity

a) "Headquarters" were maintained in the Penthouse of the Palmer House during the meeting.

b) Illinois State Medical Society and the Chicago Medical Society were hosts at the June dinner for the members of the House of Delegates. Tickets were sold to members of the House, alternate delegates, members of the "official family" at the AMA, officers of the state medical societies, lay executives, and their wives. ISMS and CMS acted as host for the reception and provided the entertainment.

c) No "Illinois luncheon" was held on Monday noon because of the above activity.

d) All delegates and alternate delegates and members of headquarters staff met each morning for breakfast and outlined definite assignments and activities each day.

November, 1962 meeting in Los Angeles

1. Resolutions Presented by the Illinois Delegation

a) *Resolution #1* was referred to the Reference Committee on Amendments to the Constitution and Bylaws and requested "special privileges" for former officers of the AMA. This resolution was not adopted.

b) *Resolution #2* dealt with "United Health Foundations, Inc." and was referred to the Reference Committee on Insurance and Medical Service. The reference committee recommended no action at this time, but referred the resolution to the Board of Trustees with the request that it be studied carefully and a report be made to the House as soon as possible.

c) *Resolution #3* called for a re-affirmation of AMA policy regarding the present American system of medical care and was considered by the Reference Committee on Legislation and Public Relations with six similar resolutions. The substitute resolution developed by the committee carried most of the Illinois resolution verbatim, based upon the supplementary report made by Past President Louis Bauer of New York before the House in June of 1961.

d) *Resolution #11* referred to Amendments to the Constitution and Bylaws, and the committee reported that this resolution (which would establish a committee on arbitration) fell within the scope of the Supplementary Report H. of the Board, and would receive consideration at the time the House acted on this report.

e) *Resolution #31* relating to Blue Shield plans, was referred to the reference committee on Insurance and Medical Service. The Committee recommended approval with a minor change, and the resolution provided that the House of the AMA commend the Board, the constituent and/or component medical societies and the National Association of Blue Shield Plans for developing and sponsoring programs of health coverage for senior citizens."

2. Appointments Held by Illinois Physicians at the November 1962 Meetings of the House of Delegates

Reference Committees: Harry Mantz, Committee on Credentials; Arthur F. Goodyear, Reports of the Board of Trustees; and E. W. Cannady, Rules and Order of Business.

3. Elections

No elections are held at the November meetings.

4. Grass Roots Follow Up

a) The House approved the portion of the report of the Judicial Council relating to advertising practices of Medical laboratories, and agreed that the propriety of such practices should be determined at the local level in compliance with the new opinion of the Judicial Council.

(This might well provide the basis for a "policy statement" of our own House of Delegates, and study should be given the complete report.)

b) A special report on the Compensation of interns and residents, which was published in the October 27, 1962 issue of the JAMA, was presented to the House by the Council on Medical Education and Hospitals and the Council on Medical Service. The report was submitted as information only with a request for further study, comments, and suggestions.

The House urged that all delegates, hospital staffs and medical societies discuss the report and forward all suggestions to the two Councils in time to influence the form of the report to be presented for action at the June, 1963 meeting. May we suggest that all physicians in areas where hospitals maintain resident and intern programs read this report in the Journal of the American Medical Association, 10/27/62.

c) The House modified one recommendation made by the Council on Medical Education and Hospitals to read as follows: "In order to maintain high standards of education and better assure the patients' welfare at least 25% of the total house staff (interns and residents) of a hospital should be graduates of accredited United States or Canadian medical schools. When United States and Canadian graduates represent a lesser portion of the house staff for two successive years, this will warrant

that serious consideration be given to disapproving the internship."

d) Authorized the Board of Trustees to investigate the feasibility of establishing a physicians' pension plan and to present such a plan for the implementation of the program to the House in June. (Your own ISMS Committee on Economics is working to develop such a plan at the state level.)

5. Delegation Activity

a) The delegates and alternate delegates and all members of staff, met each morning for breakfast to outline the daily activities.

b) Maintained "headquarters" during the meeting with the suite open on Sunday, Tuesday and Wednesday.

c) Acted as "host" at the Illinois luncheon scheduled for Monday noon, November 26.

d) Designated the Illinois luncheon at the June, 1963 meeting in Atlantic City to be given in honor of PERCY E. HOPKINS, as Chairman of the Board of Trustees of the American Medical Association. (Dr. Hopkins was elected Chairman at the Los Angeles meeting to replace Dr. Hugh Hussey, who resigned to become Director of the Division of Scientific Activities at AMA headquarters in Chicago.)

e) Appointed a "strategy committee" composed of Drs. Sweeney, Montgomery, Hoeltgen, Reisch and Fowler to develop long range planning for Illinois. Also will assist in the re-election of Dr. Percy E. Hopkins to the Board of Trustees and Dr. Walter C. Bornemeier to the office of Vice Speaker of the House of Delegates at the Atlantic City meeting, June, 1963.

f) Elected Dr. Leo P. A. Sweeney as chairman of the Illinois Delegation and Dr. E. W. Cannady as Secretary to serve during the next two years.

g) Presented a check in the amount of $183,000 to the AMA-ERF. Presentation made before the House of Delegates by Dr. George F. Lull as President.

By developing continuity and advance planning, it is hoped that the best possible thinking and far reaching influence can be exerted at the national level by the 11 delegates and 11 alternates representing Illinois medicine.

Leo P. A. Sweeney, *Chairman*
E. W. Cannady, *Secretary*
Walter C. Bornemeier
Harlan English
William K. Ford
Frank H. Fowler
Arthur F. Goodyear
Maurice M. Hoeltgen
B. E. Montgomery
H. Kenneth Scatliff
Carl F. Steinhoff

ASSOCIATION OF THE PROFESSIONS*

Exploration of an Association of the Professions was authorized by the House of Delegates in May 1962. It has been done on a wide basis. At the World Medical Association's New Delhi meeting, and en route to and from there, conferences on the topic were held with individuals, committees, then small and large groups. There were meetings in thirteen foreign countries, and later in the United States. Appointments for these meetings were made through individuals who attended the World Medical Association's Conference on Medical Education in Chicago 1959. Host activities of Doctors Bornemeier, Hopkins, Lull, Scatliff, and others gave us cordial entrees in 1962-63.

Conferees throughout the world included doctors in private, government and mixed types of practice; medical college deans and department chairmen; university presidents; lay teachers; civic club leaders; lawyers, engineers; dentists, veterinarians; lecturers and scientists in other fields. Too, there were government officials, some elected, some selected by the people, a president or a king. The composite lesson shown was the overwhelming reliance of one profession upon the other. Similarly in Washington, Springfield, Chicago, Lansing and Waukegan conferences were widely inclusive. In all the unity of purpose was evident and emphasized as by Dr. Ernest B. Howard at our State Legislative meeting on February 19.

Mr. Robert Richards and your chairman attended the Fourth Annual Meeting of MAP (Michigan Association of the Professions). This phenomenal gathering of five hundred persons representing eight professions was addressed by many leaders among whom were Dr. Edward Annis, President-Elect of the American Medical Association, and also the President of the American Veterinary Association. An interview is to be sought with these two during the American Medical Association's Medico-Legal Symposium in Florida.

It is your committee's hope that Illinois can develop a program such as that in Michigan. We expect to start in 1963 with a small number of the professions represented. Perhaps such a start will begin prior to the May 1963 meeting of the House of Delegates.

George B. Callahan, *Chairman*
Charles Allison
Andrew J. Brislen
James D. Majarakis
E. A. Piszczek

WOMAN'S AUXILIARY ADVISORY COMMITTEE*

In September, 1962 the Advisory Committee to the Woman's Auxiliary met with the Executive Committee of the Auxiliary at breakfast during the Workshop Sessions of Committee Chairmen at the Ambassador East Hotel.

The President of the Auxiliary outlined the proposed program of the year 1962-63, and the appropriate committee chairmen of the Auxiliary discussed some of the important committee activities. The Advisory Committee approved of these proposed activities and programs, and provided certain

**Reviewed by Reference Committee on Miscellaneous Business.*

budget allocations for auxiliary functions in the headquarters office.

This meeting was very helpful to all concerned, and it is suggested that a similar meeting be held each year to review auxiliary activities.

At the bottom of the ladder on which most men climb to success stands a good woman. That's my feeling about most all the wives who make up the Woman's Auxiliary.

1963-64 will be the roughest and toughest years doctors and their patients will experience so far as Washington legislation goes. Obviously a tremendous effort, ruthlessly conceived and directed, will be made to enact so-called "medicare for the aged." This is politically dominated, central government controlled medicine. All of our representatives will probably be made to stand up and be counted.

Medicine's friends in Washington and the fair minded representatives there will be guided in their voting by what they hear from home!

Doctors, too often, feel that they don't have the time to save themselves or their patients from government domination. The saving of "quality personal medicine" for future generations will be largely done by the Woman's Auxiliary and their friends. Doctor if you won't do it yourself, help your wife and the wives of other doctors do a good job. Personally, I am grateful for whatever small part in which I have assisted our Woman's Auxiliary. The Auxiliary President's report will cover the details of their efforts and accomplishments. It will be rewarding to each Doctor to see to it that his wife belongs to the Woman's Auxiliary. Remember a "Woman's work is never done."

Harlan English, *Chairman*
Newton DuPuy
George F. Lull

PRESIDENT, WOMAN'S AUXILIARY*

To "Aim for Excellence in Achievement" is the Auxiliary's guide for action this year. To progress with vitality in Illinois it is essential that there be cooperation of all branches stemming from the main trunk of medicine. The Auxiliary exists to assist the Illinois State Medical Society in areas where interests and issues are mutual and essential for the full growth of the tree of life. The Illinois State Medical Society has given guidance and advice in the activities where the Auxiliary can serve most usefully. Their kindness and consideration is accepted wth humility and appreciated with sincerity.

What has been done this year is the sum total of all the interest, effort and enthusiasm of all who have contributed. The Auxiliary can be justly proud of the range and depth of the program and activities made possible by the members who have each served in the place she is and the way she could — in the county, in the district, in the state. The usefulness of the president ultimately rests on the actions of those she serves and for what has been accomplished the president wishes to "Thank One and All".

A summary of the president's year includes the following:

1. Compiled a workbook of pertinent information including general instructions for the State Officers, Councilors, Committee Chairmen and County Presidents.

2. With the assistance of the corresponding secretary sent credential cards and letters of instruction to all delegates and alternates to the national convention in Chicago.

3. Participated in the activities of the national convention of the Auxiliary to the American Medical Association. Mrs. Harlan English, President, presided. Convention Chairman and Vice-Chairman were Mrs. Richard Westland and Mrs. Joseph Cari. As president — acted as presidential delegate and served as chairman of the Illinois delegation.

4. Compiled material for the state roster.

5. Attended the national fall conference for state presidents and presidents-elect in Chicago.

6. Presided at the Post-Convention, Fall and Spring Board Meetings.

7. Attended the Third Regional Rural Health Conference; National Conference on Disaster Care; A.M.A. Institute; First National Congress on Mental Health; Illinois Mental Health Association Meeting; Ninth Annual Conference of State Mental Health Representatives; "Trip to Washington" to meet with Illinois Congressmen and attend the Association Public Affairs Conference of the U.S. Chamber of Commerce; Legislative Conference in Springfield; ISMS County Secretaries Conference in October; Illinois League for Nursing Meeting on Clubs and Scholarships; ISMS Committee Meetings in which the Auxiliary is involved — as Legislation, Scientific Assembly (Convention), etc.; and Committee Workshop Meeting of ISMS at which the Auxiliary officers served as official representatives of the Auxiliary.

8. Presided at the Executive Board Meeting with the Advisory Committee of ISMS to study and evaluate the program emphasis of the year.

9. Visited the State Conventions of Indiana, Wisconsin and Michigan. In the past year also visited Kentucky and Kansas.

10. Participated as one of the team at the 11 District Meetings. The meetings were well planned by the Councilors involved and even though the state-recommended-agenda was followed, no two district meetings were alike. The topic was "You and the Medical Arts — The Color and the Light of It". A large chart book made by the president was used to illustrate the materials available for help and guidance. It is hoped the District Meetings can continue to develop into "Workshops for Learning" that can serve in the best way possible the needs of each geographical area.

**Reviewed by Reference Committee on Miscellaneous Business.*

11. Spoke at twenty-five county meetings and attended other county social functions and special meetings. Topic of county talk was "Doctor's Wife: Where in the World You Are". The County meetings are fun, inspiring and enlightening. The county with its members is the heart and life of our Auxiliary. The value of each member and her loyalty cannot be overestimated.

12. Worked closely with the president-elect and other members of the Board and attended all committee meetings when necessary. In planning and preparing for the Convention the president worked closely with ISMS Officers, Staff Auxiliary Convention Chairman.

13. The following material has been written and sent: Necessary letters of information and materials to the Board members and County presidents; required information to the Woman's Auxiliary to the AMA, ISMS Officers and Staff; president's messages for the Pulse; an article for the March issue of the Bulletin of the Woman's Auxiliary to the AMA; an annual report of the Auxiliary activities for the ISMS Journal and Delegate Handbook; and a report on Illinois' activities for the national historian.

The Auxiliary's organizational needs have been and are being met efficiently and enthusiastically by the officers, directors, councilors and committee chairmen. They have kept the machine running smoothly so the work can be done.

The Advisory Committee of ISMS has given the Auxiliary wise and friendly advice, help and moral support. Our sincere appreciation is extended to Doctor Harlan English, Chairman; Doctor George F. Lull, President; and Doctor Newton DuPuy, Chairman, Board of Trustees. We hope to justify the confidence they have placed in us.

The president has had the honor and pleasure of serving under Doctor George F. Lull, President of the ISMS, and her deep gratitude to him cannot be adequately expressed.

The able help of the ISMS Staff has been most valuable and our "Thank You" is given to each of them. And we thank Mr. Robert L. Richards, Executive Administrator, for all the consideration and wonderful help he willingly gives the Auxiliary.

The president has had a year full of challenges, information to learn, fun and fellowship. It has been packed with charming people, exciting events and thrilling experiences. For all of it may I simply say "Thank You" for the privilege of serving "Medicine" through this office.

The Woman's Auxiliary to the Illinois State Medical Society with its thirteen Service Activities is striving to grow in knowledge and effectiveness so that we may serve with the ISMS in such a manner that the people will be attracted to our ideals and seek our advice in their search for health and happiness.

"For Without Vision the People Perish."

Mrs. Wendell F. Roller

COMMITTEE TO STUDY COMMITTEES*

This Committee continued the work which was begun in the year 1961-1962. It was originally an Ad Hoc Committee of the Executive Committee, and in 1962 became a Board-appointed Committee to:

1) Continue the study of all committees of the ISMS;
2) Develop rules and regulations as guides for committees, and
3) Define the area of work of each committee and to comment on the activity and usefulness of each.

The Committee's first meeting was on October 11, 1962, the second meeting was on Sunday, November 11, 1962. Both meetings were well attended. The latter meeting started at 10:00 a.m. and adjourned late in the afternoon. At these meetings, the members of the Committee discussed and analyzed the activities of each elected and appointed committee. Resource material was provided by committee chairmen, officers, and other sources. Committees were evaluated from the viewpoint of efficiency, amount of function and nature of service to the Society. In addition to this, your Committee considered guidelines or rules, and definitions befitting these committees.

Your Committee reported to the Board of Trustees on January 13, 1963. After discussion the Board of Trustees referred the report to the Committee on Constitution & Bylaws to prepare proposed changes for the consideration of the House of Delegates. Your Committee to Study Committees subscribes to the point of view that members of elective committees should have uniform terms of service for three years, and that the terms of service should be on a staggered basis with an appropriate portion of members to be elected each year. We also propose that the individual tenure on any committee be limited to a maximum of continuous membership of nine years, whether elected or appointed. This has been recommended on the basis that there are ample numbers of qualified members and individuals who are interested in working in the organization; that there should be gradual rotation, and that the opportunity be provided for younger members to be acquainted with activities of the Society by being on committees.

It is proposed that eventually a Judicial Committee should be established. This committee would take over the present responsibilities of the Board of Trustees on the matter of appeals and on matters of ethics, grievances, etc. We have recommended that this should be deferred until another year for special study.

It is believed that a Committee to Study Committees should be continued for another year or so in order to observe what changes are necessary.

**Reviewed by Reference Committee on Miscellaneous Business.*

and to make recommendations for betterment in efficiency and method of work. It is proposed to remove inactive committees. Some of these changes may be noted in the report of the Committee on Constitution & Bylaws. There are also certain general basic principles of committee work which are recommended as guides and definitions. These may also be presented by the Constitution & Bylaws Committee. If not, the Board of Trustees will no doubt include this material in the report of its chairman.

Although there have been some recommended deletions in the present bylaw committees, there is also a recommendation that the membership of at least four new committees be elected by the House of Delegates and be defined in the bylaws. Specifically, the ones most strongly recommended for election by the House of Delegates are the Committees on Cancer, Cardiovascular Disease, Occupational Health and Tuberculosis.

H. Close Hesseltine, *Chairman* — E. A. Piszczek
Newton DuPuy — Caesar Portes
Harlan English — Jacob E. Reisch
Arthur F. Goodyear — *Ex-officio* George F. Lull

COMMITTEE ON MEDICAL BENEVOLENCE*

The Benevolence Committee was forced to withdraw money from the savings account last year in order to make up the difference between the income and expenses for 1962. However, the $140,000 in government bonds held in the name of the Committee are still in tact.

The monthly expenses of the committee continue to run between $2,750 and approximately $3,000. There are between 35 and 40 beneficiaries on the list most of the time. In March of 1963 there were 37 recipients and a monthly expense of about $2,750. The beneficiaries at this time are divided as follows:

Chicago:	3 physicians	13 widows
Downstate:	5 physicians	16 widows

During 1962 the $2 per capita for each of the 9,050 dues-paying members was deposited to the account of the Committee. This totalled $18,100.00. Gifts from the Auxiliary averaged the usual $5,000 or slightly more, and this gave the committee $23,100. To this amount the interest on the $140,000 in government bonds was added. However there was a shortage of $3,191.77. (During 1961 our committee shortage was $5,593.86.) The shortage for 1962 was made up by using the money deposited in the savings account of the committee.

In 1963 the shortage following the annual audit will be "made up from the general funds of the Illinois State Medical Society", as the result of action taken by the Board following last year's meetings of the House of Delegates.

In September, 1962 the committee met and reviewed the status of the present recipients. A new application form and a revised financial statement has been developed. All present recipients are required to fill out this application once a year. The purpose of this is to evaluate changes in the financial status of recipients. The new financial statement will allow the committee to better evaluate new and existing monthly payments. All matters dealing wih finances are referred to the Finance Committee for recommendations to the Council prior to final action. The committee has the following general policies:

1. No committee funds are to be expended for funeral expenses.
2. No committee payments are to be made to individuals on OAA or other governmental programs of similar nature.
3. Occasional gifts to individuals on OAA are to be discouraged.
4. All recipients must have applications filled in by the individual himself or his representative.
5. All recipients must personally desire the assistance offered.
6. The circumstances of each recipient must be reviewed by a member of the Society, a member of the Auxiliary, a county medical society officer, etc., so that an adequate appraisal can be made. This personal investigation is desirable whenever possible before any committee action is taken.
7. Members of the headquarters staff are to be furnished with a breakdown of recipients by counties so that personal contact can be made whenever a member of the staff is in that area.
8. All cases are to be reviewed annually with personal investigation whenever possible. A questionnaire is to be developed to keep information current and accurate.
9. The power of attorney (or a copy) should be on file in all cases where this is indicated.

Some of these recommendations have been followed since the committee was organized. The committee solicits assistance and suggestions from the House of Deleagtes relative to future procedures and future activities.

No action has been taken relative to investigating or sponsoring a new nursing home at this time primarily due to the fact it was felt that since we were operating at a deficit that any additional expenditures along this nature should be avoided.

The committee wishes to express its sincere appreciation to the members of the headquarters staff, and in particular Mrs. Frances Zimmer, for the excellent cooperation given during the past year. Without this assistance the committee would find its work extremely difficult. The committee also feels that guidance from the Finance Committee, the Council and the House of Delegates is essential for the successful operation of this important Society activity.

Keith H. Frankhauser, *Chairman*
Willis I. Lewis — F. M. Nicholson

**Reviewed by Reference Committee on Miscellaneous Business.*

MEMBERSHIP COMMITTEE*

The Committee on Membership met on October 17, 1962 and discussed methods of increasing the membership of the Illinois State Medical Society. For the record, it is pointed out that each county medical society elects its own members. Therefore, names of the non-member licensed physicians in each county were sent to the respective secretaries. In Cook County, a special effort was made to contact interns and residents.

According to the information available from the American Medical Association, some 13,000 doctors of medicine are licensed in Illinois. With our membership of 10,101 (as of December 31, 1962) there are nearly 3,000 non-members within the state. Surely a large percentage of these are ethical and eligible. Some of these physicians are ineligible at this time because of non-citizenship. It is believed that 700 to 800 may be in this category. Only a few hundred of the non-members are outside of Cook County. Thus the majority of non-members are a problem for the third district. The membership committee of the Chicago Medical Society is involved with this matter now.

The membership this year declined by 85. If this trend continues, the Society will be involved in a number of serious situations. A reduction of only 102 members would cost the ISMS a delegate to the American Medical Association. Each non-member is not supporting us in troubled times and areas. Each 100 members make a plus or minus of $5,800.00 for the ISMS budget. Each 500 new members would increase the budget of the State Society by $29,000.00. Certainly, physicians who have a license to practice should support the activities of the state medical society, because of our work in the field of legislation, public relations and other essential activities. Is there any reason for us to support them? Should not these physicians help by becoming members?

If the citizenship requirement were removed, it seems probable that our membership could be increased by several hundred. Your committee wants only ethical, honorable and qualified physicians as members. Since each county screens its applicants, there is much to be gained by all of us working for more members. Critics are usually non-members of our Society. They are often ethical, but because of position or type of employment, do not sense the merits of membership. Yet, they want medicine's support for many projects.

Your committee recommends the continuation of a Committee on Membership because this drive for new members may extend over two or more years. It is recommended that our efforts to reach physicians in the academic, administrative and industrial areas be continued.

It is recommended that each county medical society induce all ethical, honorable and qualified physicians to apply for membership.

An increase in our membership will distinctly favor stability of the dues structure in the future.

H. Close Hesseltine, *Chairman* — Joseph O'Malley
Walter C. Bornemeier — Casper M. Epsteen
Fred C. Endres — Ernest Klein

COMMITTEE TO STUDY OSTEOPATHIC RELATIONS*

This Committee was appointed pursuant to the action of the House of Delegates of the Illinois State Medical Society taken in May of 1962. The Committee was instructed ". . . to report back to the House of Delegates as to its findings, conclusions and recommendations" with regard to professional relationships between osteopaths and the members of the Illinois State Medical Society.

Your Committee has held joint meetings with the osteopathic physicians representing the several osteopathic groups or interests in Illinois. These include some osteopathic physicians who now hold the unlimited Illinois license and some who do not; some who are members of the Illinois Osteopathic Association and/or the American Osteopathic Association and some who are members of neither; and some who are in some way connected or identified with the Chicago College of Osteopathy and some who are not. Your Committee has also reviewed the Principles of Ethics and the Constitutions and By-Laws of the IOA and the AOA and finds them to be basically compatible with their counterparts in Medicine.

The osteopathic representatives have made three specific requests for action by the House of Delegates of the Illinois State Medical Society. These requests would, to use their terminology, "improve professional relationships between the two groups by removing the stigma of cultism from osteopathy." In order to achieve this goal, they request that voluntary professional relationships between osteopaths and members of the Illinois State Medical Society be declared ethical by the House of Delegates in the following specific applications:

1. That such voluntary associations be considered ethical in the field of postgraduate education, so that osteopathic physicians may have the advantages of the postgraduate facilities and opportunities which are available to the medical profession; and that it likewise be considered ethical for members of the medical profession to attend and participate in postgraduate programs and activities presented under osteopathic auspices. (Note: It is not entirely clear whether the principle stated is to apply only at the postgraduate level, or whether it should be made applicable also to undergraduate and graduate teaching.)

2. That consultations and patient referrals between medical physicians and osteopathic physicians be considered ethical, and that;

   a) In connection with such consultations and referrals, osteopathic physicians be granted

**Reviewed by Reference Committee on Miscellaneous Business.*

such hospital privileges or staff status as may be necessary to enable them to see their patients professionally in the hospital. (This request apparently does not contemplate the right to treat or prescribe, but only to seeing the patient and having professional access to the hospital records.)

3. That voluntary association between members of the two groups be considered ethical in connection with public health programs and activities. These would include, presumably, immunization projects, school health programs, community health programs and health education activities.

In arriving at its recommendations with respect to the above proposals, the Committee obtained and considered a considerable amount of material and information concerning the present status of osteopaths and osteopathy in Illinois and elsewhere. It would seem appropriate and enlightening to set forth briefly some of the pertinent facts:

A. Since 1951, graduates of the Chicago College of Osteopathy have been eligible for unlimited licensure in Illinois. In addition, the Medical Practice Act was amended in 1959 to permit all of the other Illinois resident osteopaths to qualify for unlimited licensure by examination upon the completion of a prescribed course of postgraduate study. Through one or the other of these processes, some 160 to 200 osteopathic physicians have qualified for and received the unlimited license.

B. There are in all some 300 osteopathic graduates practicing in Illinois. Of the 100 or so who still hold only the limited license, a few still hope to qualify for unlimited practice rights. The balance are, for the most part, men well advanced in years who have no intention of changing their status as practitioners who treat human ailments without the use of drugs or operative surgery. However, the right of ethical interprofessional association is sought for this group also.

C. In recent years, all of the graduates of the Chicago College of Osteopathy who have sought licensure in Illinois have applied for the unlimited license. Many of the school's graduates have left Illinois, however, because of what they consider to be better opportunities, facilities and interprofessional relationships in other states.

D. During the past two years, a number of the States have arrived at a variety of solutions of the problems of common concern to medicine and osteopathy. Some states have adopted plans of peaceful coexistance. In California, osteopathy, its state association and its Los Angeles school have been "absorbed" into medicine. Negotiations along somewhat similar lines broke down in Pennsylvania because, in part at least, of a controversy as to whether any more D.O. degrees should be awarded, and whether the osteopathic school in Philadelphia should be converted into a medical school. The osteopathic representatives with whom your committee has met have indicated that under no circumstances would a California-type solution for Illinois be acceptable to them.

When the House of Delegates of the American Medical Association declared relationships between physicians and osteopaths to be henceforth a matter for determination at the State level, it stressed the fact that osteopaths with whom ethical voluntary associations might be sanctioned *must* be ethical practitioners of scientific medicine. How this fact is to be ascertained in each individual case is a matter for the State Medical Society to decide. Since it would be manifestly impossible to conduct individual investigations of the professional qualifications and ethical standards of more than 300 Illinois osteopaths, some basic standard would have to be established for this purpose, if such voluntary relationships are to be permissible.

Your committee feels that no realistic standard could be devised for appraising the educational qualifications of osteopaths who hold only the limited Illinois license. Similarly, it would seem to the committee that the only acceptable evidence of proper ethical standards would be membership in the Illinois Osteopathic Association, which requires adherence to the Principles of Ethics of the American Osteopathic Association. Therefore, *if the House of Delegates sees fit to approve any or all of the proposals made by osteopathy,* as set forth previously in this report, the committee recommends *that such action be restricted to only those Illinois osteopaths who:*

1. Hold a valid Illinois license to practice medicine in all of its branches; *and*

2. Are members in good standing of the Illinois Osteopathic Association.

In arriving at a decision as to what recommendations to make to the House of Delegates, your Committee considered the public interest to be paramount. Those proposals which hold promise for better patient care should be accepted; those which would tend only to improve the position or status of either medicine or osteopathy, but would have no significant beneficial effect on the improvement of patient care, should be rejected.

Upon the stated premise, the committee recommends:

A. That proposal 1 (postgraduate education opportunities) be APPROVED.

B. That proposal 2 (consultation and referral privileges) be APPROVED.

C. That proposal 3a (hospital status or privileges for osteopaths whose patients are hospitalized by the medical physician to whom they have been referred) be DISAPPROVED.

D. With respect to proposal 3 (participation in public health activities) your committee has no particular feeling for or against, and it therefore reports the proposal to the House of Delegates *WITHOUT RECOMMENDATION.*

Your committee is of the opinion that its assignment has been completed, and therefore recommends to the House of Delegates that it now be discharged.

H. Close Hesseltine, *Chairman*
Charles Allison — George C. Callahan
Andrew J. Brislen — Donald J. Caseley

AMA-ERF COMMITTEE

The American Medical Education Foundation was established in 1951. Since 1953 the Illinois State Medical Society has been contributing to medical schools through the dues structure of the state society. Since that time, over $1,750,000 has been made available to the deans of medical schools to be used as "unrestricted funds".

Each member of the ISMS is given an opportunity to designate the school to which he desires to have his contribution allocated. Cards for him to sign are furnished by his county society and are the only official forms for this allocation.

During 1962 the five schools in Illinois received:

Chicago Medical School	$31,948.82
Northwestern University Med. School	49,751.50
Stritch School of Medicine, Loyola	39,568.82
University of Chicago Sch. of Med.	25,897.60
University of Ill. College of Med.	48,159.74

These totals, in each case, include $5,260.32 representing each school's share of the contributions which were undesignated. The balance of each grant represents gifts which were earmarked by their donors for the respective schools.

Contributions to the Funds for Medical Schools in 1962 set a new record high of $1,461,810.92. Physicians in Illinois contributed $222,003.35 of this amount, or approximately 15 per cent of the total. Included in the Illinois Total is $7,931.03 raised by the Woman's Auxiliary.

The total contributed from Illinois does not correspond with the total received by Illinois schools, both because some contributors designate schools in other states, and because all of the medical schools in the country share in the undesignated contributions.

One year ago the AMA-ERF established by the consolidation of the American Medical Education Foundation and the American Medical Research Foundation. Under the AMA-ERF, a loan program for medical students, interns and residents has been developed.

We should mention that each $1 in this loan program represents $12.50 in money available for the students. The bank has required the posting of $1.00 for every $12.50 loaned. Nearly one of every ten medical students in the United States has already borrowed money under this program.

With regard to the Loan Guarantee Program, 944 Illinois physicians gave $20,923.53, and because each dollar in this loan fund generates $12.50 in usable bank credit, these contributions actually were worth $261,544.

The "borrowers and loans" by medical schools in Illinois shows:

School	No. Borrowers	No. Loans	Loan Value
University of Chicago	1	1	$ 1,200.00
Chicago Medical School	20	21	23,200.00
University of Illinois	101	137	122,200.00
Loyola	20	26	24,100.00
Northwestern	7	9	10,900.00
	149	194	$181,600.00

The loans in Illinois ("Loans and borrowers by States") are:

State of Illinois	a	b	c
Interns	26	30	$ 35,800
Residents	48	52	63,700
Totals (Incl. med. students)	223	276	$281,100

a) Number of Borrowers
b) Number of Loans
c) Principal Amount

Unless individual physicians contribute to this loan fund, no money is deposited from the dues structure in this program. The funds from Illinois are all "earmarked" for the medical schools in this country.

Therefore it is the recommendation of the AMA-ERF committee that each physician consider sending to this program a check for which medical students will receive "12½ to 1." under the arrangements made by the AMA-ERF with the Continental Illinois National Bank and Trust Company of Chicago. Applicants must be U.S. citizens in training and in good standing in the AMA approved medical school or hospital. First year students must have completed their first quarter or semester to qualify. Each applicant must establish a clear need for loan funds.

The money available for the deans of our medical schools carries a special importance in view of the ever present need for "unrestricted funds". This money may be used as the deans see fit — in salary for a particular individual or individuals; as an allocation to some department where emergency funds are needed; to assist wherever indicated.

It is the opinion of the members of this committee that this continued program represents one of the outstanding reasons why physicians in academic programs, in the full time teaching positions, etc., should affiliate with organized medicine. They have had financial support from the membership of the ISMS, and the AMA and should participate in programs developed by medicine at the county, state and national levels.

This becomes more and more important as the Federal Government develops and attempts to pass varied laws pertaining to "funds for medical education". The members of the profession at large should be kept informed of the thinking in medical

schools, and the private practice of medicine should be the concern of all physicians in the full time field of teaching.

Arkell M. Vaughn, *Chairman*
George F. Lull — Joseph R. Mallory
Edwin S. Hamilton — George C. Turner

COMMITTEE TO REDISTRICT THE ISMS*

No formal committee meeting has been held; however a telephone conference on Friday, March 8, gave a part of the committee personnel an opportunity to discuss some of the problems which will have to be solved before a satisfactory division of the Trustee Districts can be presented.

Several divisions of the State have been studied — one which would increase the membership of the Board of Trustees to approximately 35 plus the officers. Several committee members felt this would result in a decrease in efficiency, and tend to create an unwieldy executive, custodial and judicial body.

Another division of the counties has been developed by the State of Illinois which involves "service areas" for the Department of Mental Health and the Department of Public Health. The committee felt that this division should receive careful study and consideration.

The problem of representation on the Board of Trustees presented by Cook County (Chicago Medical Society) representing three-fifths of the membership, also came up for discussion and consideration.

The committee recommends that the House of Delegates continue this committee to study and present a subsequent report to the House at the 1964 annual meeting.

Joseph W. Compton, *Chairman* — James H. Rutledge
Gordon T. Burns — *Ex-officio:*
Harlan English — George F. Lull
Arthur F. Goodyear — Newton DuPuy
Henrietta Herbolsheimer — Jacob E. Reisch

CONSTITUTION AND BYLAWS COMMITTEE

The Constitution and Bylaws Committee has received and considered the following items:

1. The report of the Committee to Study Committees with its suggestions concerning standing committees of the Bylaws.

2. The recommendations of the Committee to Study Committees concerning organization of committees.

3. Recommendation from the Committee to Study Committees concerning Chapter XII of the Bylaws pertaining to "DISCIPLINE."

4. A recommendation by the Board of Trustees that the Treasurer of the ISMS be made a member of the Finance Committee of the Board.

5. Resolutions from various sources recommending modification of the citizenship requirement for membership in the ISMS.

6. A recommendaton that the Board of Trustees be allowed to establish policy between sessions of the House of Delegates, and

7. A suggestion that the title of the Grievance Committee be changed to "Medical Review Committee."

The suggestions of the Committee to Study Committees pertaining to the organization of committees in general and the recommendations of the Committee to Study Committees pertaining to the standing committees, have been embodied in a proposed amendment to the Bylaws. This amendment (see Exhibit A) will be proposed as a substitute for the existing Chapter IX of the May 1962 revision of the Bylaws.

The Committee concurs in the changes in Chapter XII pertaining to *Discipline*, and will propose amendments to that chapter (See Exhibit B).

The recommendation of the Board of Trustees pertaining to the addition of the treasurer to the membership of the Finance Committee of the Board of Trustees was approved by this committee, and amendments to the Bylaws to accomplish this purpose will be proposed (Exhibit C).

Amendments to the Bylaws to modify the citizenship requirement for membership in the ISMS have also been developed and will be proposed (Exhibit D).

The committee considered in detail the recommendation that the Board of Trustees be allowed to establish policy between sessions of the House of Delegates and rejected the proposal. The Constitution states:

"The House of Delegates shall set the basic policy and philosophy of the Society," and defines the duties of the Board of Trustees as "executive and judicial." The Bylaws state "the Board of Trustees shall implement all mandates of the House of Delegates except in matters of property or finance when it shall have sole authority."

The committee believes that the Board of Trustees has the right to interpret but not to establish policy.

The committee in considering the suggestion that the name of the Grievance Committee be changed expressed the opinion that the public relations value of the words "grievance committee" makes any change undesirable.

Andrew J. Brislen, *Chairman* — William H. Schowengerdt
Thomas W. Carter — John Steinkamp
Keith H. Frankhauser — George H. Woodruff
Mladen Mijanovich — *Ex-officio:*
Clifton L. Reeder — Walter C. Bornemeier

Exhibit A

PROPOSED AMENDMENTS TO THE BYLAWS
1963

Chapter IX — Committees to be deleted and the

*Reviewed by Reference Committee on Miscellaneous Business.

following substituted:

CHAPTER IX. COMMITTEES

Section 1. *Standing Committees.*

The standing committees shall be

A Committee on Scientific Assembly
A Committee on Medical Education
A Medical Legal Committee
A Grievance Committee
A Committee on Prepayment Plans and Organizations
A Committee on Legislation
A Committee on Public Relations
A Committee on Medical Benevolence
An Archives Committee
A Committee on Constitution and Bylaws

Section 2. *Ad Hoc Committees.*

The president or the Board of Trustees, each independently or at the discretion of the House of Delegates, or the House of Delegates independently, may appoint to accomplish specific tasks, committees which shall continue until the purpose for which they were appointed is accomplished, or until discharged by the appointing authority.

Section 3. *Other Committees.*

Such other committees as shall be required to further the purposes for which the Illinois State Medical Society was founded, to implement directives and policies of the House of Delegates, or to act in liaison with other agencies, may be appointed by the president or the chairman of the Board of Trustees to serve for the duration of the term of office of the appointing authority.

Section 4. *Composition.*

I. Committees shall consist of at least three and not more than nine members.
II. Members of standing committees shall serve for a term of three years except that
   (1) when a vacancy occurs for any reason, it shall be filled for the unexpired term only, and
   (2) when a committee is originally constituted, terms of committee members shall be staggered so that approximately one third of the terms shall expire each year.
III. The chairman of standing committees shall be appointed annually by the president from the committee members.
IV. No member may serve on any committee for more than three consecutive terms or nine consecutive years.

Section 5. *Organization.*

The power is invested in the authority electing or appointing a committee

1) to create, organize and implement that committee;
2) to enlarge it, or
3) to abolish it without consideration of the unexpired terms of any of its members.

Section 6. *Vacancies.*

Vacancies occurring for any reason in the membership of any committee may be filled for the unexpired term by appointment by the chairman of the Board of Trustees with the approval of the Board.

Section 7. *Ex-officio Members.*

The president of the Society, chairman of the Board of Trustees and the secretary-treasurer of the Society shall be ex-officio members without the right to vote, of all committees.

Section 8. *Reports.*

Annual reports shall be submitted to the House of Delegates by all standing committees.

Section 9. *The Committee on Scientific Assembly.*

The Committee on Scientific Assembly shall consist of nine members appointed by the Board of Trustees.

This committee

1) shall coordinate the programs for the General Assemblies, the section meetings and the scientific exhibits at the annual convention;
2) shall appoint, with the approval of the Board, a secret committee to make awards to the scientific exhibitors,
3) may incorporate in the annual scientific meetings those meetings of medical specialty groups which wish to affiliate with the Illinois State Medical Society annual convention, and
4) shall arrange for the annual banquet and other social functions held during the annual convention.

Section 10. *Committee on Medical Education.*

The Committee on Medical Education shall consist of five members to be elected by the House of Delegates.

This committee shall

1) maintain a continuing interest in the recruitment of students, in the curricula of the medical schools and in postgraduate in-hospital training programs;
2) carry to the deans of the medical schools recommendations from the viewpoint of the practicing physician;
3) encourage and implement the AMA-ERF program in Illinois;
4) study, evaluate and criticize the postgraduate programs of the Illinois State Medical Society and other organizations; and
5) be available to advise and cooperate with the Department of Registration and Education of the State of Illinois.

Section 11. *Medical Legal Committee.*

The Medical Legal Committee shall consist of five members appointed by the Board of Trustees.

It shall

1) provide liaison with the judicial system of the State of Illinois,
2) cooperate with the judiciary in both federal and state courts with the State of Illinois,

3) educate the members of the medical profession on medico-legal affairs, and
4) cooperate with the American Medical Association in its programs in the same fields.

It shall, when requested by the courts, implement the Impartial Medical Testimony Rule.

It shall evaluate medical testimony given by physicians in the courts of Illinois. When questions on the validity of testimony arise, it shall have the authority

1) to examine any member of the Illinois State Medical Society who is either suspected of or has been accused of giving improper testimony in any court proceedings;
2) to procure and examine transcripts of court testimony to determine whether or not fraudulent testimony has been given; and
3) to report to the Board of Trustees its findings.

Where irregularities are found, the Board of Trustees may submit the findings to the Ethical Relations Committee of the county medical society for action.

It shall appoint a sub-committee to act in liaison with members of a similar committee of the Illinois Bar Association in matters involving both professons.

Section 12. *The Grievance Committee.*

The Grievance Committee shall consist of six members elected by the House of Delegates.

Each component society should elect or appoint a grievance committee. If a county does not have a grievance committee, the district grievance committee shall function in its stead. The county or district grievance committee shall investigate services by physician-members of the society to the public.

Where the county or district grievance committee finds that factors in any case warrant, it shall recommend to the county medical society that charges of unethical conduct be preferred against the offending physician-member of the Society. Failure to appear on order of the committee may be interpreted as grounds for a citation of unprofessional conduct.

It shall be the function of the State Society Grievance Committee

1) to cooperate with grievance committees of component societies and districts in an effort to resolve differences between physician-members of the Society and the public;
2) to review the actions and decisions of county and district grievance committees when a party to a grievance complaint appeals from the decision of the local committee. Appeal to this committee is the privilege of such parties and they shall be so notified at the time of the hearing of the original complaint;
3) to conduct a continuing study of the complaints against the medical profession of the State of Illinois and to make recommendations to improve the quality of medical care.

To accomplish these purposes, the State Grievance Committee shall require that county medical societies furnish an annual report of their grievance committee activities includng specifically

a) the number of complaints,
b) a classification of the complaints
c) the date of each complaint, and
d) the date and nature of its settlement.

The Grievance Committee shall tabulate and analyze this material in its annual report to the House of Delegates.

Section 13. *Prepayment Plans and Organizations.*

The Committee on Prepayment Plans and Organizations shall consist of five members elected by the House of Delegates.

It shall review and adjust differences between members of the Society and prepayment plan and/or insurance organizations (including federal and state governmental programs except those otherwise served by special advisory committees. In disputes brought by third parties against physicians, the committee shall act only upon referral from county or district committees.

The committee shall encourage county medical societies to establish appropriate committees to which third party grievances may be brought and to notify third party plan administrators of the existence of such local committees.

The committee may

1) recommend procedures for conducting hearings by county or district committees,
2) develop guides consistent with the policy of the House of Delegates for county medical societies in their dealings with third party plans which pay "usual and customary fees."

In any dispute over fees between a physician and any third party plan involving a fee or benefit schedule negotiated by the Illinois State Medical Society, the committee may act in review at the member's request without referral from the county or district committee.

The committee shall consider

1) all problems bearing on the relationship between physicians and prepayment plans or health insurance carriers;
2) methods for increasing the effectiveness of existing prepayment and insurance plans;
3) proposals for the financing of medical care for all segments of the population, and
4) problems encountered by physicians in supplying services under the various certificates and policies, or in the reporting of claims.

Section 14. *Committee on Legislation.*

The Committee on Legislation shall consist of

five members appointed by the Board of Trustees.

No recommendaiton or report of this committee shall be implemented or published until approved by the Board of Trustees or the House of Delegates.

This committee shall

1) inform the membership through approved media of all legislative matters of interest to the medical profession in the State of Illinois;
2) maintain surveillance of all bills introduced in the state legislature which have direct or indirect effect upon the practice of medicine or the state of health of the citizens of Illinois;
3) maintain effective liaison wth the American Medical Association Council on Legislative Activities and the American Medical Association Washington Office, so that members of the Illinois State Medical Society will be fully informed and can act vigorously on matters of federal legislation;
4) recommend to the Board of Trustees a legislative program for promulgation among the members of the Society.

A report of its activities shall be submitted currently to the Board of Trustees and annually to the House of Delegates.

Section 15. *Committee on Public Relations.*

The Committee on Public Relations shall consist of five members. . . . (There was no concensus in the Committee on Constitution and Bylaws on how this committee should be constituted — whether appointed or elected — whether by the Board or the House — and for this reason no recommendation is made concerning the appointing authority. The House is asked to determine policy.)

It shall plan and execute programs designed to enhance the relationship between the public and the medical profession. It shall request the Board of Trustees to appoint sub-committees to accomplish specific purposes.

Section 16. *Committee on Medical Benevolence.*

The Committee on Medical Benevolence shall consist of three members appointed by the Board of Trustees.

It shall

1) examine applications to the Society for assistance to determine eligibility for benefits;
2) keep the names of the beneficiaries confidential and known only to the committee;
3) recommend to the Finance Committee of the Board of Trustees the allotment for each recipient.

If funds available become inadequate to meet disbursement, the Finance Committee of the Board of Trustees shall be requested to appropriate sufficient funds to support the program until the next budget appropriation.

Section 17. *An Archives Committee.*

The Archives Committee shall consist of three members appointed by the Board of Trustees.

It shall

1) assist in the collection and evaluation of medical items and records of historical interest to the Society and the public;
2) cooperate with other associations and agencies to preserve and display such material.
3) supervise the preparation of any written records of the Society or any of its activities;
4) inform the Board of Trustees of those special anniversaries which should be commemorated and shall supervise the observance of these occasions.

It shall appoint a sub-committee on the Museum of Medical History which shall

1) be responsible for the establishment of a Museum of Medical Progress in the State of Illinois and
2) cooperate with the historical museum of the State of Illinois and various other historical societies, and
3) educate the public in the contributions made by physicians of Illinois to preventive medicine and the care and treatment of patients.

Section 17. *Constitution and Bylaws.*

The Constitution and Bylaws Committee shall consist of five members appointed by the Board of Trustees.

It shall

1) receive from individual members, county societies, committees, the Board of Trustees and the House of Delegates, all suggestions and proposals for the modification of the Constitution and/or Bylaws;
2) prepare for the consideration of the House of Delegates all changes in the Constitution or Bylaws, and
3) shall maintain constant surveillance of both documents to maintain them currrent, effective and consistent with policies of the House of Delegates.

Exhibit B

PROPOSED AMENDMENT #2

CHAPTER XII. DISCIPLINE

Section 1. *Ethical Relations Committee*

The Board of Trustees shall appoint from its members, an Ethical Relations Committee to review matters involving the interpretation of the Principles of Medical Ethics, violations of the Constitution and Bylaws of the Illnois State Medical Society or its component societies, and charges of misconduct of members of the Society.

It shall serve as an appellate body to review cases involving these matters referred by component medical societies, and shall consider only matters of procedure.

Section 2 — old Section 1

Section 3 — old Section 2
Section 4 — old Section 3
Section 5 — old Section 4

Section 6 — old Section 5 — amended to read: "A comprehensive stenographic record of the proceedings must be kept for reference *and shall be available until final adjudication has been made.*" (add)

Section 7 — old Section 6

Section 8 — old Section 7, amended to read: Appeals received by the Board of Trustees shall be referred to the Ethical Relations Committee of the Board for review. The committee shall notify the accused and the secretary of the component society by registered mail at least ten days prior to the date set for the hearing of the case. The chairman of the committee shall preside over the hearing in accordance with rules established by the Board of Trustees.

Section 9 — old Section 8 (Delete second paragraph.)

Section 10 — old Section 9

Section 11 — old Section 10, amended to read: The secretary of the Society shall notify the defendant and the secretary of the component society wherein the defendant *holds* membership, of the action of the Board.

Section 12 — Last sentence from old Section 10. In the event of a decision by the Board of improper procedure of trial or findings, the case shall be remanded to the component society for reconsideration.

Exhibit C

PROPOSED AMENDMENT #3

CHAPTER VI. BOARD OF TRUSTEES.

Section 5. Organization.

IV. Duties of Committees 1 — paragraph B. Finance Committee shall be amended to read:

B. The Finance Committee shall consist of the secretary-treasurer of the Society and three members of the Board of Trustees appointed by the chairman. It shall . . . etc.

PROPOSED AMENDMENT #3a

CHAPTER V. DUTIES OF OFFICERS

Section 6. Add:

He shall be a member of the Finance Committee of the Board of Trustees.

Exhibit D

PROPOSED AMENDMENT #4

CHAPTER I. MEMBERSHIP

Section 2. Qualifications.

a) in line 4 add after "the United States or Canada" *and* and lines 5 and 6 delete the words: "and a citizen of the United States."

Section 5; line 3, delete: "who is a citizen of the United States."

Section 6; paragraph 3, last line, delete: "and must be a citizen of the United States."



COMMITTEES ASSIGNED TO ECONOMIC AND LEGISLATIVE ACTIVITIES

AD HOC KERR-MILLS COMMITTEE

Throughout the year the Committee has maintained a further close watch on the progress of the Kerr-Mills Medical Assistance to the Aged Program (official title, "Aid to the Medically Indigent Aged" — AMIA, inaugurated August 1, 1961). Serious misgivings as to the sincerity of purpose of those charged with administering the program, present during the early stage, continued to be felt through late fall.

This was occasioned by both the political heat generated by the Federal campaign to enact health care for the aged under social security and a financial crisis which developed within the over-all public aid program. The concern was further deepened by the diversion of $10 million of the $20 million Kerr-Mills appropriation to other uses.

To prepare for possible eventualities in the Special Session of the General Assembly called in November to resolve the IPAC financial crisis, the Committee met jointly with the Medical Service Committee on September 19.

Subsequently, a so-called "White Paper" was prepared setting forth the facts surrounding the development of the program, the need for improvements in benefits and administration, and above all, the need to retain the balance of the appropriation intact. Details of this situation were presented to the physicians assembled at the Annual

Secretaries Conference in Springfield, October 14, by the Chairman. Fortunately, the Federal program met defeat in Congress during this period and the IPAC financial crisis was temporarily resolved without further cuts in the appropriation.

Concurrent with these developments, changes occurred within IPAC which gave promise that a more sincere effort would be put forth by that agency to make the program more adequately serve the needy aged. This improved spirit of cooperation has resulted in joint meetings between representatives of ISMS, the top administrative staff of IPAC, and officials of the Illinois Hospital Association. At a joint meeting of these groups, held in January, the following objectives were agreed upon:

1. Expansion of benefits effective with the beginning of the 1963-65 biennium July 1, to include payment for drugs during the 30 day post-hospital period and up to 90 days rehabilitation nursing home care following discharge from the hospital.
2. Proposed amendment to the Public Aid Code to replace the present mandatory 10% of income deductible with a more workable arrangement to improve administration of the program.
3. A minor amendment to the Public Aid Code to clarify an ambiguous clause regarding the amount of life insurance a recipient may possess.

The foregoing improvements in benefits are subject to official approval by the Commission, following the establishment of appropriations by the General Assembly. The proposed budget of $21.2 million includes provisions for the enumerated additional items. The joint discussions have included numerous other suggestions for added benefits and improvements in administrative techniques. Consideration of added benefits will most certainly be contingent upon the appropriation, the utilization experience and possibly other factors governing the amount of money actually available irrespective of the appropriation. Specific actual developments along the foregoing lines will be reported to the House of Delegates by a supplemental report at the time of their meeting.

Irrespective of the shortcomings, it should be noted that we presently have available in Illinois a mechanism for helping the needy aged to meet a major share of the costs of a hospitalized illness if they have no sons or daughters able to pay these costs. Payment for care is available for as long as a medical need exists.

During the first 15 months of operation 5,566 aged persons were approved under the program at an average subsidy of $593 per case, with 889 additional cases pending disposition. Payments in individual cases ranged from a low of $4.00 to a high of $5,200. It is anticipated that by the end of the biennium June 30, 1963, over 9,000 persons will have been aided at a cost of $6.3 million, half federal and half state funds.

Grossly exaggerated projections of 200,000 to 300,000 potential applicants, widely disseminated at the outset of the program, have not materialized. The fact that only 10,000 aged persons found it necessary to seek help during the first 15 months of operation, despite widespread publicity of the program among the medical profession, vindicates the belief that the actual financial problems of the aged have been vastly distorted.

Now that the percentage of the truly needy among the aged group has been further identified, there is no reason why services under the program cannot be steadily improved to fulfill the needs. This is the objective toward which your Committee is now working. It is our earnest hope that these efforts will be successful. The cooperation of all members of the Society is needed and requested.

Edwin S. Hamilton, *Chairman*
H. Close Hesseltine
George F. Lull
Burtis E. Montgomery
William H. Whiting

MEDICAL ADVISORY COMMITTEE TO THE ILLINOIS PUBLIC AID COMMISSION

The Advisory Committee to the Illinois Public Aid Commission has been called upon to participate more completely in the functions of this agency during the past year than has been true in the past and every social indicator suggests that this need will continue in the future. Recognizing that the per capita needs of public assistance recipients for the services of physicians as well as other phases of medical care exceed all other persons in our society, the profession has a continuing responsibility to deal directly with these problems and to understand and interpret the factors that produce this increase in illness and disability.

The purpose and philosophy of the participation in this program was expressed in the statement to the Commission in October which was published in the November Illinois Medical Journal. It is appropriate to re-emphasize and restate several of the points made in that report.

"We must, of course, remind you that we serve in a consultative capacity as differentiated from the administrative responsibility vested by law in the Public Aid Commission and its staff. Furthermore our effectiveness depends upon the general rapport maintained between the administration of the program and the participating physicians. Public criticisms and investigations of the medical program which imply wrongdoing, but which do not substantiate fraud or poor quality care, simply serve to drive physicians from participation in the program.

The services of the Illinois Public Aid Commission are intimately concerned with the preservation of the family, the successful development and integration of children into modern society, and the preservation of the health and dignity of the elderly in our society. In the realization of these goals, medicine plays a constant and necessary role

which will assure all recipients of the most effective means to health. It is the concern of the physicians of Illinois to make available to all recipients of public aid all essential medical services basic to the maintenance of a decent and healthful standard of living. These services include diagnosis, advice, medicines, surgery, and other treatment methods that will make it possible for them to meet problems of sickness, injury and deformity with the advantage of the knowledge and methods of modern medicine today.

It is immediately apparent that adequate, nourishing food; comfortable, suitable clothing; and uncrowded housing with appropriate sanitary facilities are also essential to health. The problems of illness are immeasurably complicated when serious deficiencies in these needs are inadequately supplied.

In view of the present existence and utilization of cost standards, it is apparent that some delineation of standards of care can be developed. If the Commission is prepared to deal with this matter realistically, we believe they must accept a full measure of responsibility for fulfilling the requirements of public aid recipients.

We believe that this is a two-way street. As physicians, we willingly, in fact enthusiastically, accept the responsibility for expanded services that so dramatically broaden the base of appropriate health care for every person. We argue, however, that the concomitant responsibility of the private individual, all other parties paying for medical services, as well as society generally, is to accept the principle that adequate and realistic funds must be made available. Negotiation between responsible parties such as the Illinois State Medical Society and the Illinois Public Aid Commission needs mutual respect and confidence and willingness to openly discuss all aspects of our relationship.

A report written in February may not adequately summarize the role of the Committee or predict its future preformance.

The Committee met regularly as scheduled the weekends of the meetings of the Board of Trustees. Realistically, meetings of this Committee should be on a monthly basis and coincide with meetings of the Commission.

Meetings should be held in Springfield if this is to be the center of IPAC activities.

A report of the activities of this Committee may be superfluous at this time, since detailed statements have been made during the past 8 months. The functions have been advisory to a limited extent and adjudicatory on exceptional situations involving fees and practices. A major policy decision was made in October and the fat flashed up in the fire.

The recommendation of the Committee that the IPAC pay for the costs of family planning advice and supplies was only an extension of the services, freely available to private individuals, to those recipients of public assistance who wished such advice. The purpose and publicity of the Commission, however, was to use this device as a method of social control. Current publicity reinforces that position since the IPAC Chairman argued before the Budgetary Commission that this would be a realistic source of public assistance economy.

The Medical Advisory Committee's specific recommendation that the IPAC provide payment for preventive medical services, including family planning, affords neither support nor denial of the sociological aspect of this problem which has resulted in great controversy. The action simply reaffirms long-standing policy supporting the addition of services to adequately fulfill the medical needs of public aid recipients. Although the controversy over the appropriation for Public Assistance is not unique to the 73rd Illinois General Assembly, it seems to be the most important problem. A key factor in the generation of this controversy is the family planning issue. In spite of recognized need and the fact that the urgency of such a program seems appropriate to the discussion, bear in mind the fact that a bill has been introduced to forbid the Commission to dispense such devices or information. A special sub-committee has been established to assist the Commission in developing appropriate rules for the program as voted in by the Commission on March 8. It is anticipated that details of the program will be sufficiently clarified by the time of the meeting of the House of Delegates to warrant a supplemental report at that time.

The provision of payment for immunizations and the payment for services of Cook County physicians in the private hospitals of Cook County are other Committee recommendations of long standing. At the specific urging of the Committee, these services have been included in the IPAC budget request for the 1963-65 biennium. Unfortunately, they have been entered as supplemental items rather than as a part of the regular budget. Consequently, their approval is very much in doubt.

William H. Whiting, *Chairman*
Burtis E. Montgomery, *Vice-Chairman*
Herbert V. Fine
Keith H. Frankhauser
Lee N. Hamm
Harry C. McGavran
Robert Carl Muehrcke
J. R. Schlereth
William H. Schowengerdt
Earle P. Semon
John H. Steinkamp
Fred A. Tworoger
Ex-officio:
George F. Lull
Harlan English
Newton DuPuy

AD HOC COMMITTEE ON DRUG FORMULARY

The continued increased cost of the provision of drugs to recipients of assistance from the Illinois Public Aid Commission has made mandatory a re-evaluation of current methods agreed upon by the Illinois Public Aid Commission and the Illinois State Medical Society.

Because of this, the Ad Hoc Committee on Drug Formulary was appointed by the Board of Trustees to develop a drug formulary to be used for patient-recipients of public aid. The Committee's first meeting was held at the Illinois State Medical Society headquarters in Chicago on December 27, 1962. The

Committee had as its consultants a representative of the pharmacological profession, Mr. Louis Gdalman, Director of Pharmacy, Presbyterian-St. Luke's Hospital; and Theodore Sherrod, Ph.D., M.D., Professor of Pharmacology, University of Illinois College of Medicine.

The Committee had the advantage of reviewing literature pertaining to formularies used in other states, and regulations applied thereto. The Committee found the drug formulary problem is one that does not lend itself to easy solution as was evident by the range and types of formularies reviewed. These formularies have also been tried and abandoned by some welfare agencies and medical societies, but recently drug formularies are gaining favor.

The Committee constructed a provisional drug formulary. This formulary included prescriptions consisting of chemicals, galenicals, and other preparations set forth in current or past editions of the National Formulary (N.F.), current or past revisions of the United States Pharmacopoeia (U.S.P.), and current or past editions of the United States Dispensatory (U.S.D.).

Medicinals were listed alphabetically by the official, generic, or chemical names. As an aid in identifying a drug, some common brand or trademark names were provided in parentheses and/or listed alphabetically as cross index references. Over the counter medicines and medical supplies were listed in a separate section which will require a physician's requisition. To facilitate usage, a therapeutic index was included.

On January 12, 1963, the provisional formulary was presented by the Ad Hoc Committee to the Medical Advisory Committee to the Illinois Public Aid Commission. This formulary was accepted by them unanimously. On January 13, 1963, the drug formulary was presented to the Board of Trustees. They accepted the drug formulary and further moved to make the Ad Hoc Committee on Drug Formulary a standing committee of the Illinois State Medical Society.

On February 18, 1963, the Committee on Drug Formulary met with members of the Illinois Public Aid Commission to make refinements in preparation for placing the drug formulary into use.

Methods

Methods for use of this Formulary are still under study and ground rules, as yet, have not been established. It has been proposed by the Committee that a copy of the Formulary be sent to presidents and secretaries of county medical societies for their perusal and presentation to members of the societies.

James Weatherly,
Chairman
Robert C. Muehrcke,
Vice Chairman
Randall J. McClelland
Theodore R. Van Dellen
Consultants:
Theodore Sherrod
Louis Gdalman

COMMITTEE ON AGING

During the past year the Committee on Aging continued an active program with emphasis on the care of the stroke patient, production of the new film — "Stroke — Early Restorative Measures in Your Hospital", encouragement of the expansion of home care programs and organization of District Committees on Aging.

The stroke program continued to hold the major attention of the Committee. The 16mm. colored, sound film, "Stroke — Early Restorative Measures in Your Hospital", was produced in cooperation with the Illinois Department of Public Health, Doctor Edward Gordon and his staff at Michael Reese Hospital, and Rest Haven Rehabilitation Center. This is an excellent film emphasizing the early care of the stroke patient in a general hospital and demonstrating the rehabilitative measures that can and should be used in any hospital regardless of size. Emphasis is placed on the role of the rehabilitation nurse.

The film is being very well received not only in Illinois but on a national basis. We recommend viewing by county medical societies, hospital staffs and nursing staffs. It is available through the Illinois Department of Public Health and the Illinois State Medical Society. The film will be shown at the ISMS Annual Meeting in May, and an application has been made for showing at the Annual Meeting of the AMA in Atlantic City in June.

The Committee wishes to acknowledge the financial support of the Illinois Department of Public Health, and the cooperation of Doctor Franklin Yoder, Director of the Department, and Doctor Roger Sondag, Chief, Division of Hospitals and Chronic Illness, in the production of the film. Further demonstration projects on the care of the stroke patient are planned for selected areas.

The Committee, in its continuing effort to upgrade nursing home care, recommends further cooperation with nursing homes on the state and local level. As a point of information, the AMA's Board of Trustees, at its meeting November 24-30, 1962, took action to "open negotiations with the American Nursing Home Association with the idea of activating the National Council for Accreditation of Nursing Homes." The AMA's Board further acted to oppose nursing home accreditation by the Joint Commission on Accreditation.

Efforts are being made to expand Home Care Programs in Illinois. The sub-committee under the chairmanship of Doctor Henry Wilson, is making plans for assisting communities in the formation of Home Care Programs. The Committee on Aging of the Woman's Auxiliary to the Illinois State Medical Society is expected to cooperate in this program. Miss Dorothy Campbell, Coordinator of the Peoria Home Care Program, is serving as a consultant to the Committee.

The Board of Trustees of the Illinois State Medical Society authorized Mr. Roger White, the Director of the Division of Medical Services and

Economics and his staff, to prepare a pamphlet on available methods for financing medical care of older people in Illinois. This would include types of health insurance and what an older person should look for in purchasing health insurance.

The Committee cooperated with the planning group of the Mid-America Nursing Home Convention and Exhibition held in Chicago in November, 1962. Doctors Henry Wilson and Joseph Mallory participated in panel discussions, Doctor Wilson also represented the Committee on the Hospital-Nursing Home Relations seminar sponsored by the Illinois Hospital Association and the Illinois Nursing Home Association in Peoria, September 27, 1962.

The Committee will be represented at the Third National Conference of the Joint Council to Improve the Health Care of the Aged in San Francisco on May 2 and 3. The film, "Stroke — Early Restorative Measures in Your Hospital", will be shown and the stroke program of the Committee on Aging will be presented by Doctors Gordon and Cannady. Doctor Cannady will serve as chairman and Mr. Walter Livingston, Assistant Director, Division of Medical Services and Economics, as recorder of a discussion group.

Unfortunately, the Illinois Joint Council to Improve the Health Care of the Aged has not been active during the past year. The official representatives to the Joint Council from the Society are Doctors Ricketts, Mallory, Cannady, with Doctor Lull and Mr. White as ex-officio members. The Illinois Joint Council should continue to serve a useful purpose in encouraging and coordinating the work of the Illinois Hospital Association, Illinois Nursing Home Association, Illinois State Dental Society, and the Illinois State Medical Society in programs for the aged in Illinois. It is hoped that the Illinois Joint Council will resume the active role of the preceding three years.

The Advisory Council to Improve the Social and Economic Status of Older People, appointed by the Governor, is concerned with all activities for older people and continues to study the problems of the aged in Illinois. The Committee is represented on the Advisory Council by the chairman. The Advisory Council is preparing plans to conduct an active program to encourage the formation of more Home Care Programs and the advice and cooperation of the Committee has been offered.

The Board of Trustees, September 16, 1962, approved the establishment of Trustee District Committees on Aging to implement at the local level the programs for the state's aged. The district committees, consisting of one representative from each county medical society, will be properly integrated in the activities of the Committee on Aging. An enthusiastic meeting of the chairmen of the District Committees on Aging was held in Springfield on February 28, to discuss methods of implementation of current projects at the county medical society level, to consider other community programs for the aged, and prepare plans for organization and effective action of the district committees. A manual is being prepared for the guidance of the district committees in the planning of county and community programs.

The Committee on Aging recommends that major emphasis during the coming year be directed toward increased activity in programs for the aged at the county medical society level through the active encouragement and supervision of the District Committees on Aging. Emphasis should be placed on further implementation of the stroke program; encouragement of the formation of additional home care programs; improvement of hospital, nursing home, and physician relationships; formation of county councils or committees on aging for coordination of community programs and activities in aging; promotion of health maintenance programs and rehabilitation services; and educational programs for maintaining and improving the health of older people including available methods of financing their medical care. Woman's Auxiliary participation in implementing county medical society programs should be encouraged.

The Committee desires to acknowledge the invaluable services of Mr. White, Director of Medical Services and Economics, of the Illinois State Medical Society, and Mr. Livingston, Assistant Director, for their consultation, advice and assistance during the past year.

Edward W. Cannady, *Chairman*	Henry T. Ricketts
Preston V. Dilts	Lawrence J. Rossi
Joseph Mallory	Martin H. Seifert
Edward E. Gordon	Roger F. Sondag
Ernest G. McEwen	Thomas T. Tourlentes
Caesar Portes	Henry M. Wilson

FEDERAL MEDICAL SERVICES COMMITTEE

The Federal Medical Services Committee held no formal meetings during the year. However, informal telephone conversations were held and the following is submitted as information for the House of Delegates.

Medicare

For the twelve months ending December 31, 1962, a total of 7,966 military dependents were served. This is an increase of about 1,700 over the 1961 figure. Payments to physicians totaled $688,406.01. A breakdown of the cases is as follows:

Obstetrical and Maternity	4,059
Premature	63
Normal newborn care	442
Rh factor, babies (exchange transfusions)	11
General medical care	1,374
Fractures	144
Other bodily injuries	232
Gynecological surgery	304
Other general surgery	710
Anesthesia claims	627
TOTAL	7,966

Illinois Medical Service (Chicago Blue Shield) has continued to handle the administrative details of the program as fiscal administrator.

The contract was again signed in August 1962 after a meeting with Medicare officials and Society representatives. Under previous Medicare contracts, injectibles were reimbursable *at cost* to the physician. Because cost computations were difficult and frequently required additional correspondence with the physician involving excessive paperwork for a relatively trivial item, it was proposed by the Society and approved by Medicare representatives that a flat fee representing the cost of injectibles by category be established to replace the present "actual cost" basis.

A second recommended change was approved by Medicare officials in the section concerned with consultation. In effect, it redesignated one procedure as involving a single system and a second procedure as involving a complete review or requiring a complete physical examination.

Veterans Administration

During the past year there have been no requests from veterans, veteran physicians or organizations regarding medical services to veterans.

Selective Service

The Selective Service continues in existence and with it the Doctor's Draft Law. There has, however, been very little activity in the drafting of physicians during the past year. The number of doctors applying for commissions has almost kept pace with the requirements.

A draft call for 1,300 physicians is being contemplated for July 1st of 1963. Four hundred of these are to go to the Air Force, 250 to the Navy and 700 to the Army. Interns are now being contacted for physical examinations in order that all may be in readiness. Men over the age of 29 years are not being considered at this time unless they have previously received a deferment.

Physicians who request and accept commissions prior to the time of being drafted have a choice of the branch of service they desire. I would certainly advise any intern to apply for a commission and service before starting a Residency.

Let us hope for a peaceful world — in order that the lives and training programs of our young physicians need not be interrupted.

Percy E. Hopkins, *Chairman*
Carl F. Steinhoff, *Co-Chairman*
Robert V. Ferrell
Edwin S. Hamilton
Edwin A. Lee
J. Stuart Moffat
John C. Troxel

COMMITTEE ON FEE SCHEDULES
No Report

LIAISON COMMITTEE TO THE ILLINOIS HOSPITAL ASSOCIATION

As replacement for the Chairman, Dr. Robert E. Dunlevy, who died November 24, 1962, I wish to express the sympathy of all of us for his untimely death and pay tribute to his excellent work on this Committee.

Liaison with the Illinois Hospital Association has continued at regular intervals. The Fourth Annual Joint Conference composed mainly of Hospital Administrators, Chiefs of Staff, and Directors of Nursing Service, was sponsored by the Illinois State Medical Society and the Illinois Hospital Association. The Conference was held at the Hotel Knickerbocker in Chicago on October 4, 1962, and focused attention on Hospital Nursing Care in the 60's. There were approximately 300 in attendance. The late Dr. Robert E. Dunlevy, Chairman of the Committee, presided over the morning session. The afternoon session was divided into five workshops, each of which was presided over by a hospital team composed of an administrator, a chief of staff and a director of nursing service. Each director of the workshop session submitted to the presiding officer recommendations emerging therefrom which were summarized and read at the General Session in the late afternoon. As an outcome of this meeting, recommendations are in the process of being duplicated and mailed to Conference participants and to Illinois hospitals.

The Fifth Annual Joint Conference has not been scheduled as yet. Plans for the Conference will be discussed at the forthcoming meeting of the Liaison Committee on or about March 29, 1963.

We appreciate very much the excellent help of Walter R. Livingston to the Committee at its meetings.

Noel G. Shaw, *Chairman*
E. A. Piszczek
John J. Procknow
H. J. Shaughnessy, Ph.D.
N. A. Thompson

COMMITTEE ON MEDICAL ECONOMICS
Report Not Available

COMMITTEE ON MEDICAL SERVICE

The Committee has followed a standard practice of meeting the day preceding meetings of the Board of Trustees in order that important legislative matters may be reported to the Board in current fashion. In addition, special meetings were held in December and February as of the writing of this report. With the Illinois General Assembly in session through June, more special meetings are anticipated.

Following adjournment of the last House of Delegates, Committee activity continued at a rapid pace until July 17, 1962, when the King-Anderson

issue was laid to rest in the 87th Congress. The King-Anderson bill, H.R. 4222, never did emerge from the House Ways and Means Committee. However, final defeat came on an administration move to salvage prestige with a watered-down Anderson-Javits amendment, which failed of passage in the Senate by a 52 to 48 vote. By the end of the session, the so-called Kefauver Drug Control Bill was well on its way to oblivion when suddenly a cleverly-timed disclosure of the thalidomide incidents snapped it to front page headlines. A new drug control act was passed and became law in October. Much to everyone's surprise, the twelve-year struggle to enact the Keogh Bill, H.R. 10, bore fruit with the unanimous passage in both houses. Despite serious emasculation of the original proposal, the door was opened to limited tax equity in the matter of pension funds for the self-employed. Elsewhere in the Congress, the usual package of health bills was passed and many were defeated. A complete record of medical legislation during the session, as compiled by the American Medical Association, is on file with the Committee. The Committee has worked closely with the AMA on all national legislative issues.

Preparations for the January opening of the 88th Congress and the 73rd Illinois General Assembly were begun early in September. As anticipated, the Administration's proposal for health care of the aged under Social Security was again introduced in late February. Since the new bill is only a slightly modified version of H.R. 4222, the full force of medicine's opposition must be continued throughout the 88th Congress. Hearings on the latest bill by the House Ways and Means Committee are anticipated in late June. As in the past, the physicians' efforts in opposition to this legislation will be closely coordinated with those of the AMA. A National Conference on Legislation, sponsored by AMA, has been scheduled for April 20-21 in Chicago.

Of the 700 plus bills introduced in the General Assembly through February, approximately 30 have a direct bearing on health care. All such legislation is being followed closely with the progress of bills being reported weekly from Springfield in the new bulletin, *On the Legislative Scene.* This publication replaced the former *Springfield Newsletter.* It is mailed on Friday of each week to a list of some 4000 physicians and Auxiliary members who have signified their desire to be informed on legislative matters. National and State legislative developments are summarized monthly for the entire membership through a special page in the *Illinois Medical Journal* entitled, "Legislative Listening Post."

During the year, the legislative staff was reorganized under the supervision of Mr. Roger N. White, Assistant Executive Administrator in charge of Medical Services and Economics, with headquarters in the Society's main office in Chicago. Mr. Harold W. Widmer, a former Representative in the General Assembly for 10 years, was employed as Legislative Representative in January. Mr. Widmer currently operates out of both the Chicago and Springfield offices, but during the Legislative Session, most of his time will be spent in the Springfield Regional Office. Mr. Walter Farrand, former member of the Springfield staff, continues as Manager of the Springfield Office. Mr. Farrand assists in legislative affairs by providing research and legal review of pending legislation. He also maintains liaison for the Society with the various State and voluntary agencies headquartered in Springfield. The legal firm of Pfeifer, Fixmer and Gasaway in Springfield has been retained by the Society as General Legal Counsel. This firm is available upon call for additional legal services needed in connection with legislation.

In conjunction with the staff reorganization, the Committee has assumed a more direct role in monitoring legislation as it passes through the General Assembly to facilitate this activity. Dr. Ralph Redmond has been appointed as Vice Chairman to act in the absence of the Chairman and to share the load. A Subcommittee to review new legislation has been formed under the chairmanship of Dr. H. Close Hesseltine. Membership on the Subcommittee has been broadened to reflect the viewpoint of physicians other than those on the Medical Service Committee. Members of the Subcommittee, in addition to Dr. Hesseltine, are: Andrew J. Brislen, M.D.; Matthew Uznanski, M.D.; Paul Dailey, M.D.; and James Weatherly, M.D.

As of this writing, the committee has been actively concerned with numerous pieces of legislation, some of which have been introduced, and others in the proposal stage. Among the list of high priority items are: Kerr-Mills amendments, changes in the Nursing Act, changes in the Medical Practice Act, a proposal by the Department of Registration and Education to increase the re-registration and other licensing fees, several measures pertaining to driver safety, and changes in hospital licensing. The usual rash of bills pertaining to the Public Aid Medical Program, limited licensees, public health and many other related health matters is anticipated during the session.

Much attention has been given to possible amendments to the Kerr-Mills enabling legislation to make that program more workable. This activity has gone forward in conjunction with the Illinois Hospital Association and the ISMS Kerr-Mills Ad Hoc Committee. Details of the proposed changes will be found in the report of the Ad Hoc Committee. Serious efforts have been made by the committee to bring the Society closer to the work of the Department of Registration and Education and the problems of the Medical Examining Committee. Members of the Examining Committee have met with the Committee once during the year and plans are underway to hold at least two such

meetings each year. The Director and the Assistant Director of the Department of Registration and Education have met with the Committee on separate occasions to discuss the work of the Department with respect to licensing proceedings and enforcement of the Medical Practice Act.

A highlight of the year has been our success in interesting physicians and their wives in public affairs. In January, the Committee sponsored a junket to Washington to visit members of the Illinois Congressional Delegation and to attend the U.S. Chamber of Commerce Public Affairs Conference. Some 52 physicians and their wives participated. In addition to the Public Affairs Conference and visits with members of Congress, the program included a reception and dinner for Illinois Senators and Representatives, a briefing on National Legislation by the AMA Washington Office staff, and a review of national health issues by Luther Terry, M.D., Surgeon General of the USPHS.

In February, the Committee sponsored an all-day conference in Springfield for County Medical Society Legislative Chairmen followed by a reception and dinner for members of the Illinois General Assembly. The Legislative Conference attracted a registration of 175, mostly physicians and their wives. The Conference program consisted of a discussion of key legislative issues by State government department heads and Society leaders. Arrangements for the Conference were under the direction of a special Subcommittee headed by J. Ernest Breed, M.D. Other members of the Subcommittee were: John V. Standard, M.D.; Philip G. Thomsen, M.D.; Mrs. Fred C. Endres and Mrs. Walter Shriner of the Woman's Auxiliary.

The reception and dinner for the General Assembly attracted 475 people, including 200 members of the General Assembly. The physicians and their wives reacted most effectively in getting to know their representatives in Springfield and escorting them to this affair. Arrangements for the reception and dinner were handled by a special Subcommittee chaired by Ralph Redmond, M.D. Other members were: Donald E. Hansen, M.D.; John S. Lewis, M.D.; Thomas P. deGraffenried, M.D.; and A. E. Steer, M.D.

The success of the Society's legislative program is in direct proportion to our ability to act at the county society level. Regardless of the effectiveness of committee and staff activity at the state level, lawmakers will ultimately be guided by the thinking of their constituents at the "grass roots" level. This applies to State legislation as well as to national issues. It is imperative that each county medical society have an active legislative committee whose members are abreast of the issues and who are in a position to effectively discuss these issues with those who represent them in Washington and Springfield. It is imperative that the name of the current county society legislative chairman be on file with the State Society in order to provide a mechanism for making vital legislative contacts on short notice. Too frequently the name on file with the State Society is not that of the current chairman. The type of legislative contact most needed is one that is maintained on a continuing basis; not a sporadic effort with respect to a particular issue. The Committee respectfully suggests that consideration be given by the County Society to some appointment mechanism which will assure greater continuity of the legislative effort at the local level.

A good start on an effective legislative program on the "grass roots" level has been made with the success of our public affairs activities this year. It is the sincere hope of the Committee that those county societies which have not heretofore participated actively will do so. A 100% participation by all county societies is greatly needed.

During the year, the representatives of the Woman's Auxiliary have been of tremendous help to the Committee. We wish to extend our appreciation to Mrs. Wendell Roller, President of the Auxiliary, and Mrs. Fred C. Endres and Mrs. Walter Shriner, Co-Chairman of the Legislative Committee.

With the General Assembly and the Congress currently in session, a supplemental report to the House of Delegates may be anticipated.

V. P. Siegel, *Chairman*
Ralph N. Redmond, *Vice Chairman*
J. Ernest Breed
George B. Callahan
H. Close Hesseltine
Ex-officio:
Edwin S. Hamilton
President: George F. Lull
Secretary: Jacob E. Reisch

PREPAYMENT PLANS AND ORGANIZATIONS COMMITTEE

Two formal meetings of the Committee were held since the last meeting of the House of Delegates. Two principle areas of concern occupied the Committee's attention: the claim reporting forms project started in 1961, and the new health insurance plan for the over 65 written by Blue Cross and Blue Shield.

In connection with the claim forms project, over 130,000 copies of the Health Insurance Council Comb-1 form have been distributed since the initial mailing to all physicians in April, 1961. These forms are available without charge as long as the supply lasts in pads of 50 each. Requests should be directed to the Illinois State Medical Society Headquarters Offices. The number of requests from Illinois physicians indicate substantial interest in the use of these forms to simplify the handling of health insurance claims.

In May, 1962, the Committee met with officials of the Health Insurance Council to discuss revision of the Comb-1 form in an effort to simplify the form as it presently exists. Suggested changes by the Committee were made to representatives of the Health Insurance Council and are, at the present time, under consideration. Although the Comb-1

form will require changes from time to time, it was designated in an effort to standardize claim forms and to allow simplification in reporting medical, surgical, initial disability and continuing disability. To a degree, it satisfies the demands of those physicians who favor a single "all purpose" form even though it fails to provide the simplified reporting made possible with the multiform system. Its sole use is in the physicians' office as a substitute for non-standard forms in either group or individual claims.

An objective of the ISMS program is to achieve compliance from the insurance industry in the use of standard insurance forms agreed upon at the national level. These bear the HIC seal, identifying all standardized forms. If physicians will insist, it is envisioned that all forms submitted by all insurance carriers will eventually bear the HIC seal indicating conformance with the approved procedure. To gain further uniformity, Illinois physicians are being asked to:

1. Complete the forms presented by the company when they bear the HIC seal.
2. When the forms presented do not bear the approval seal, submit a completed Comb-1 form attached to the blank non-approved form.
3. An extra charge is warranted if the company insists upon completion of non-approved forms.

At its meeting on October 17, 1962, the Committee, as directed by the Board of Trustees, met with representatives of the Chicago Blue Cross Plan's Board of Directors to discuss the Over 65 Senior Citizens Plan. Representing Blue Cross were: Mr. John F. Mannion, President; Richard B. Capps, M.D., Vice President; Rt. Rev. Msgr. J. W. Barrett, Secretary; Mr. Robert T. Evans, Executive Director.

Numerous aspects of the plan were discussed with primary emphasis given to the high premium cost, particularly for a husband and wife. Representatives of Blue Cross could offer no encouragement toward reduced premium costs. They pointed out that the Blue Shield premium was increased almost 100% to allow for increased physicians' payments. The use of a rider on the existing Series 65 contract in lieu of a new contract to provide the 70 day benefit recommended nationally was defended as a "business judgement".

At the present time, 7,500 Illinois physicians have agreed to accept the Blue Shield schedule of fees as payment in full for services rendered to the over 65 age group in Illinois whose incomes are less than $4,000 per year.

At the October 17 meeting of the Committee, agreement was reached on the need for closer liaison between the Medical Society and the Blue Cross Plan. Such liaison would be welcomed provided the Medical Society initiated the request. The feeling was also expressed later that similar liaison with Blue Shield would be helpful.

In an effort to keep costs of the program down, it was recommended that the use of utilization committees be employed. In regard to utilization committees, the Board of Trustees of the Illinois State Medical Society, in 1962, made the following statement:

"The utilization of inpatient services and diagnostic facilities within the hospital is the responsibility of hospitals, the medical profession, the individual patient, as well as third parties, namely, Blue Cross, insurance carriers, labor, and management.

"Since the direct provision of services is and must be under the management of the physician, the hospital staff is urged to establish a utilization committee, composed of medical staff members and administrator, to examine all factors influencing hospital utilization, and that these factors be made known to the entire medical and hospital staff.

"It is further suggested that an educational program be developed to promote understanding of the relationship between the consumption of hospital and medical services and the cost of prepayment and insurance plans."

Maurice M. Hoeltgen, *Chairman*
Harry Mantz
E. Lee Strohl

COMMITTEE ON RELATIVE VALUE

During the past year the Relative Value Committee has been engaged in refining and completing the Relative Value Study.

Approximately 700 copies of the Preliminary Relative Value Study have been distributed to members of the Illinois State Medical Society: 1) to Officers, Trustees, delegates and alternate delegates prior to the 1962 Annual Meeting of the Society, and 2) to those members requesting copies since that date. This was in accordance with directives received from the House of Delegates.

A number of refinements have been effected in the Preliminary Relative Value Study, all of which are designed to increase its usability and readability. Foremost among these are changing the relationships from procedure #9006, "Routine Office Visit" to procedure #9001, "Initial office visit", and the rounding of units for a selected number of procedures.

The Committee recommends 1) that this procedure be applied to all unit values in the Study, 2) that the revised version be printed and distributed to each member of the Society for him to use as he sees fit, 3) that distribution outside of the membership should be considered in each case, 4) that the membership be informed of the availability of the Study and its proper use in private practice, and 5) that the word "CONFIDENTIAL" be clearly printed on the cover as in the past.

These recommendations neither suggest nor authorize that a statewide coefficient be applied to the Relative Value Study so as to create a fee

schedule by the Illinois State Medical Society. Quite to the contrary, the Committee wishes to emphasize that the Relative Value Study is not a fee schedule, but rather a scientific study of usual fees actually charged for professional services rendered by physicians in Illinois.

With the publication of the revised version of the Study, the Relative Value Committee will have completed its directive of the House.

Uses of the Study other than stated above may be a function of a committee other than the Relative Value Committee.

C. Elliott Bell, *Chairman* — Joseph G. Gustafson
Walter C. Bornemeier — Franklin J. Moore
John Eggers — Max Sadove
R. Gregory Green — Hilliard M. Shair
Gershon K. Greening — Theodore J. Wachowski

Appendix

General Application of the Relative Value Study

The unit values herein listed do not suggest that all physicians in Illinois attach the same relative value to similar services. There are variations from specialty to specialty, from region to region, and even from doctor to doctor. This study reflects the existence of these variations when the survey was made and thus provides tangible proof that this study does not promote the concept of fixed fees in any way or manner whatsoever. Quite to the contrary. However, it provides documented proof that a certain pattern of relativity does exist. To this extent it has a real and practical value to every practitioner in Illinois, both present and future, for it provides a firm base from which the individual physician may compute the values of services which he renders to his patients.

The professional services listed on the following pages are divided into four sections for the purpose of easy reference: 1) Medicine; 2) Surgery; 3) X-ray; and 4) Pathology. The unit values in each of the four sections are related to the unit values in other sections.

These unit values were computed by selecting a reasonable basic figure that can be used so that the procedures are related to each other in round numbers, even as fees are charged in round numbers. In applying the guide, a physician should *first determine his own coefficient* by dividing the fee he usually charges for a particular service, frequently performed, by the unit value assigned to the listed service in this study. For example:

$$\frac{\text{Your fee}}{\text{30 units (appendectomy)}} = \text{Your coefficient factor}$$

Once this coefficient is obtained and tested for several frequently performed services, a fee may be computed for all listed services by multiplying this personally selected *coefficient* by the unit values assigned to each service. In this manner each physician determines his own coefficient factor.

Services with unit values for which a variability factor has been computed were surveyed. Unit values without a variability factor were obtained by interpolation on a consultative basis. The variability factor is a measure of the variability in relativity. An appendectomy, for example, has a unit value of 30 and a variability factor of 5. For procedure #1589, "Lengthening or shortening tendon," the unit value is also 30, but the variability factor is 18. Hence the variation of the unit value obtained for the appendectomy is less than that for lengthening or shortening tendon.

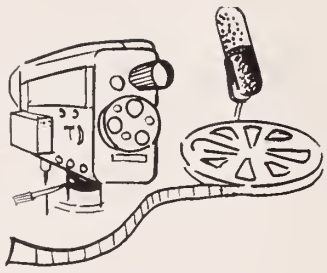
In applying the coefficient to convert to fees, variations in the unit values of plus *and* minus the variability factor fall within the findings of the study.

Selected Procedures Indicating Recommended Changes in Preliminary Relative Value Study

Proc.		Surg.	V.F.	Anes.
	MEDICAL SERVICES			
	Visits and Examinations			
9001	Office visit (first call—new patient—routine history, necessary examination)	1.0	.5	
9002	Hospital visit	1.0	.1	
9004	Home or hospital visit (11:00 p.m.-8:00 a.m.)	2.0	.5	
	Special Medical Procedures			
9027	Consultation requiring complete examination—office, hospital or home	3.0	2.0	
9028	Complete history and physical examination, office, hospital or home	2.0	1.0	
9032	Prolonged detention with patient in a critical condition—per hour	3.0	1.5	
	SURGERY			
	Integumentary System			
	Skin and Subcutaneous Areolar Tissue			
	Breast			
	Excision			
0457	Complete (simple) mastectomy	30	2.5	3+TM
0470	Radical mastectomy, including breast, pectoral muscles and axillary lymph nodes	60	2.5	4+TM
	Musculoskeletal System			
	Fractures			
	Spine and Trunk			
0740	Clavicle, simple, closed reduction	7.0	2.0	3+TM
	Upper Extremity			
0778	Humerus, surgical neck, simple, not requiring manipulation	15	4.0	3+TM
0807	Radius, distal end, Colles'			

Proc.		Surg.	V.F.	Anes.
	(including ulnar styloid), simple, closed reduction.	15	4.0	3+TM
	Lower Extremity			
0867	Femur, neck, simple or compound, open reduction	60	2.5	5+TM
	Joints			
	Incision			
1046	Arthrocentesis: puncture for aspiration of joint, or injection of medication, initial	2.0	.5	3+TM
	Excision			
	ARTHRECTOMY—Excision of Joint (see Arthrodesis).			
1074	Excision of intervertebral disk	75	9.0	7+TM
	Tendons			
1589	Lengthening or shortening tendon	30	18	3+TM
	Respiratory System			
	Nose			
	Excision			
1928	Submucous resection (nasal septum, including septoplasty)	40	4.0	4+TM
	Trachea and Bronchi			
	Endoscopy			
2111	Bronchoscopy, diagnostic	13	1.5	4+TM
	Lungs and Pleura			
	Excision			
2193	Total or subtotal lobectomy	100	6.5	11+TM
	Cardiovascular System			
	Arteries and Veins			
	VENOUS ANASTOMOSIS:			
	Suture			
2561	Ligation and division and complete stripping of long or short saphenous veins	30	1.5	3+TM
2562	Bilateral vein	50	4.0	3+TM
	Digestive System			
	Pharynx, Adenoids and Tonsils			
	Incision			
2992	Tonsillectomy, with or without adenoidectomy, under ten years	15	2.5	3+TM
	Stomach			
	Excision			
3115	Subtotal gastrectomy	80	0	6+TM
	Intestines (Except Rectum)			
	Excision			
3178	Colectomy: resection of large intestine, one or two stages, including colostomy and closure, if necessary	80	0	5+TM
	Appendix			
	Excision			
3261	Appendectomy	30	5.0	4+TM
	Anus			
	Excision			
3375	Hemorrhoidectomy, internal or internal plus external	30	2.5	3+TM
	Biliary Tract			
	Excision			
3515	Cholecystectomy	60	2.5	6+TM
	Abdomen, Peritoneum and Omentum			
	Repair			
	HERNIOPLASTY: HERNIORRHAPHY: HERNIOTOMY			
3631	Inguinal, unilateral	30	2.5	3+TM
3638	Inguinal, bilateral	40	4.0	3+TM
	Urinary System			
	Bladder			
	Endoscopy (independent procedure)			
3931	Cystoscopy, diagnostic, initial	5.0	.5	3+TM
	Male Genital System			
	Prostate			
	Excision			
4311	Prostatectomy, perineal subtotal	70	9.0	6+TM
	Female Genital System			
	Vagina			
	Repair			
4488	Repair of cystocele, rectocele, and perineoplasty, anterior and posterior vaginal walls	50	7.5	3+TM
	Uterus and Cervix Uteri			
	HYSTERECTOMY—			
	Excision			
4617	Panhysterectomy: total hysterectomy (corpus and cervix)	60	5.0	5+TM
4631	Vaginal hysterectomy, with or without pelvic floor repair	70	11.0	5+TM
4647	Dilatation and curettage of uterus (independent procedure), under general anesthesia for removal of uterine polyps	15	1.5	3+TM
	Repair			
	HYSTEROPEXY—			
4690	with shortening of endopelvic fascia: parametrial fixation (Manchester) with or without pelvic floor repair	45	4.0	4+TM
	Maternity			
	Fetus and Fetal Structures			
	Incision			
4802	Low cervical (lower uterine segment) cesarean section	60	9.0	5+TM
	Manipulation			
	Obstetric procedures:			
4821	Obstetrical delivery, in-			

Proc.		Surg.	V.F.	Anes.
	cluding antepartum and postpartum care	30	1.5	4+TM
4855	Miscarriage or abortion before period of viability; including dilatation and curettage	15	.5	3+TM
	Endocrine System			
	Thyroid Gland			
	Excision			
4917	Thyroidectomy, subtotal or partial	60	9.0	5+TM
4921	Hemithyroidectomy, lobectomy	50	2.5	5+TM
	Eye			
	Crystalline Lens			
	Excision			
5611	Extraction of lens, intra capsular or extracapsular, unilateral	70	5.0	5+TM
	Ocular Muscles			
	Incision, excision and repair			
5641	Myotomy, tenotomy, recession, resection, advancement or shortening of ocular muscles for strabismus, one or more stages, unilateral	40	10.0	5+TM
	Eyelids			
	Excision			
5702	Blepharectomy, incision or excision of Meibomian glands (chalazion) single, local anes	4	.5	3+TM
	RADIOLOGY			
	Chest			
7100	Single PA, teleroentgenogram or other	2	.5	
7101	Complete — stereoscopic posteroanterior, other positions as indicated, with fluoroscopy where indicated	4	1.0	
	Spine and Pelvis			
7217	Pelvis, including hips	2	.5	
7250	Clavicle	2	.5	
7253	Humerus, including one joint	2	.5	
7256	Wrist	1.5	0	
7257	Hand	1.5	0	
7258	Fingers	1.0	0	
	Lower Extremities			
7304	Knee	2.0	.5	
	Abdomen			
7358	Upper gastrointestinal tract	5	1.0	
	RADIOTHERAPY			
	(X-Ray — Radium or Radioactive Isotopes, including provision of Radiation sources)			
	Proven Malignancy or Tumors			
7510	Larynx — intrinsic, extrinsic, cancer, complete course (curative)	50	12.5	
7556	Bladder, cancer, complete course	50	12.5	
	Bone			
7600	Primary	30	16.0	
	Superficial			
7620	Skin neoplasm up to three cm. diameter	10	7.5	
	PATHOLOGY			
	Blood			
8602	Agglutinations, for febrile diseases, first antigen	.5	0	
8614	Bleeding time	.5	0	
8620	Blood, red cell count	.5	0	
8628	Blood, complete count	1	0	
8634	Bone marrow, collection and examination of material	4	.5	
8661	Complement fixation tests (Wassermann, etc.)	1	.5	
8675	Flocculation tests (Kline, Kahn, etc.) qualitative, each	.5	0	
8704	Platelet count	.5	0	
8707	Protein-bound iodine	2.0	.5	
8724	Sodium	1	0	
8728	Sugar tolerance, 3 hours (define)	2.5	1.0	
	Gastric or Duodenal Contents (Includes Aspiration)			
8821	Gastric contents, microscopic cytology	1.5	.5	
	Spinal Fluid			
8857	Routine chemical and microscopic including sugar, chloride, and cell count	2.5	.5	
	Urine			
8930	Routine chemical, qualitative	.2	0	



COMMITTEES ASSIGNED TO DIVISION OF PUBLIC RELATIONS AND FIELD SERVICES

COMMITTEE ON PUBLIC RELATIONS
Report Not Available

DISASTER MEDICAL CARE

The Committee on Disaster Medical Care had two called meetings last year, although committee members held conferences on numerous occasions by telephone. The committee met at the Palmer House in Chicago, November 4, 1962, and at the Executive House in Chicago, February 10, 1963. These meetings were very well attended, not only by committee and staff members, but also by representatives from other interested organizations. These latter included representatives from the Office of Illinois Civil Defense, Illinois Department of Public Health, Illinois Nurses Association, Illinois Dental Society and — at the meeting on February 10 — representatives from the AMA Committee on Disaster Care.

The November 4 meeting was devoted largely to discussion of the Medical Self Help Program. This was due to the fact that a great many people were present at this meeting who were well versed in information concerning this program. Representatives from the United States Public Health Service were present to give us their impressions and suggestions in conducting this program. The meetings were organized and coordinated by our Public Relations Division staff members who also attended these meetings and contributed a great deal to the conduct of them.

Future activities of the Committee on Disaster Medical Care include the following: 1) distribution of the prototype Hospital Disaster Manual which has been edited and prepared by the state medical society staff; 2) continued presentations of various phases of our program at meetings of interested groups; 3) cooperation with paramedical groups, the Illinois Civil Defense Agency, the Illinois Department of Public Health and other interested agencies in the field of disaster medical care; 4) support publication of materials which will enhance the knowledge of disaster medical care; 5) to continue to reach the public through the media of radio and television as has been done in the past year; 6) support and actively participate in the Medical Self-Help Program; 7) to continue our work with the Sub-committee on Disaster Medical Care in Industry to promote all phases of disaster care, both through management and labor, and particularly with reference to the Medical Self-Help Program; 8) to obtain a financial grant for the purpose of video-taping and filming 16 half-hour TV programs on disaster medical care utilizing the Medical Self-Help Program. Such a series would be telecast on commercial as well as educational channels throughout the state. To date, we have already had an acceptance of this idea by the administrators of WTTW (Channel 11), Chicago, and are prepared to proceed with this program once the funds are available; 9) to prepare a color movie, 16mm, on the subject of the disaster plan as it affects the hospital, the community and the Civil Defense Emergency Hospital. Such films were taken by Illinois State Medical Society staff members and by a professional photographer employed by the Memorial Hospital of DuPage County last November 2, when an exercise involving the entire community in the disaster medical program was held in Elmhurst, Illinois, for NATO medical committee members as well as other interested groups. This film is now available in its unedited form. This film will be edited and scripted as a training film for distribution throughout the state under the co-sponsorship of the Illinois State Medical Society and the Memorial Hospital of DuPage County in Elmhurst. An unedited version of it was shown at the February 11 and February 13, 1963 AHA meetings in Chicago and received numerous favorable comments from the participants in the program.

The activities of this committee during the past year, until the time of this report, include the following:

1) The prototype disaster manual patterned after the Hospital Disaster Manual from Memorial Hospital of DuPage County, Illinois, has been edited and prepared largely by the Illinois State

Medical Society staff. It has done an excellent job of preparing this manual. Current plans call for its distribution to each county medical society and each hospital in the State of Illinois. The work involved in preparing such a prototype manual has been great and the people in our public relations section of the state medical society deserve great credit for an excellent job well done.

2) The Disaster Medical Care Committee has worked closely with the Illinois State Department of Public Health particularly in the development of the program for medical self help. This is progressing well, although much more can be done to further this program throughout the state. The committee has also worked closely with the State Civil Defense Agency and Mr. Chauncy Carveth, executive director for the state agency, has been present at the meetings of our committee.

3) Activities of this committee have been publicized throughout the state in various newspapers and also through the medium of the PULSE of the Illinois State Medical Society.

4) Members of the Disaster Medical Care Committee have participated in several radio interviews to disseminate information concerning the various phases of disaster medical care. We have also been conducting a summary of the Medical Self Help program over WBKB, Channel 7, once a week. This program is continuing. The Disaster Medical Care Committee has been represented by speakers at various local, state and national meetings including the following: auxiliaries of various medical groups, the Mend program at Georgetown University Medical School, various presentations sponsored by the United States Public Health Service Division of Health Mobilization, the American Hospital Association, the American Medical Association, the Illinois Podiatry Association, the Illinois Osteopathic Association, members of the NATO Medical Committee and numerous other groups.

5) As a result of these contacts, the Disaster Medical Care Committee has succeeded in initiating action to other groups with the purpose of establishing a standard signal for disaster in hospitals throughout the country.

6) More recently — as a result of the February 10 meeting — the Committee on Disaster Medical Care has introduced a resolution to the State Civil Defense Agency directed to the Governor of the State with two purposes in mind: A. to obtain legislation or at least recommendations for the establishment of shelter space in any new construction of public buildings in the future, especially school buildings; B. to establish legislation to prevent the widespread use of glass in public buildings, especially schools, unless such glass be protected by some material or device to make it shatterproof.

Any results which may have been obtained by this committee during the past two years have been due to the cooperation of every committee member. The interest, as evidenced by the attendance at meetings, has been very great on the part of all committee members.

The Committee on Disaster Medical Care wishes to gratefully acknowledge the assistance and support given by all members of the staff of the Illinois State Medical Society. They have made the physical arangements for meetings, they have arranged programs, and they have physically participated in television demonstrations of medical self help. I wish to express my personal thanks to each member of the Committee on Disaster Medical Care and all of those staff members of the Illinois State Medical Society who have contributed so much toward our work during the past two years.

Max Klinghoffer, *Chairman* — Earl H. Blair
Franklin D. Yoder — Leonard F. Roblee
Frederick L. Eihl — J. F. McCahan
Charles W. Young — C. L. Jannings III
Fay S. Comer — Jack Baldwin

Committee on Ethical Relations

Report Not Available

FIFTY YEAR CLUB

Since the Fifty Year Club was organized, Dr. Andy Hall of Mt. Vernon had served as its chairman. He died in November, 1961. Two other members of the 4-man committee responsible for the functions of the club died during the year. Dr. Grover C. Otrich of Belleville was the surviving member and served as acting chairman of the annual luncheon of the club at the 1962 session.

Dr. Burtis Montgomery of Harrisburg, trustee of the Ninth District, was the speaker at the luncheon held on Tuesday, May 15. Approximately 175 members attended including Mr. Nelson Hall, who is a medical student at the Northwestern University Medical School and the grandson of Dr. Andy Hall. He also attended several earlier meetings as a guest of his grandfather.

Probably the oldest member present was Dr. Andrew R. Wyant of Chicago, age 95, and the newspapers featured his attendance at the meeting.

The 1963 luncheon meeting will be held on Monday, May 13 in the ballroom of the Sherman House. The speaker is in process of selection. Approximately fifty-two members of the Chicago Medical Society are eligible to receive membership certificates and lapel emblems at that time. Another group of 27 downstate physicians will receive their certificates at various meetings of their county societies during the year.

Morris Fishbein, *Chairman* — G. C. Otrich
George F. Lull — Walter Theobald

Grievance Committee

Report Not Available

COMMITTEE ON PUBLIC SAFETY

Areas of interest to the Committee on Public Safety for the year 1963 are two-fold: 1) to gather and evaluate information pertaining to vehicular accidents to the end that commendable amendments can be proposed to the existing Illinois Motor Vehicle Law for consideration by the Board of Trustees of the Illinois State Medical Society; 2) as a public service to the citizens of Illinois, the Committee on Public Safety will continue to stress preventative medicine and safety measures about the home and in recreational pursuits through the various communications media.

The Committee has excellent working relations with personnel of the American Medical Association having kindred interest, the National Safety Council and the Illinois Department of Public Health. The Committee welcomes specific direction from the House of Delegates in its present and proposed activities.

The needless, horrendous loss of approximately 2,000 lives annually in Illinois from traffic accidents has been the primary concern of this Committee, just as in past years when it was known as the Committee on Traffic Safety. To integrate its interest with the most knowledgeable groups working in this field, the Committee has met in combined meetings with representatives from the Chicago Neurological Society, the Chicago Committee on Trauma of the American College of Surgeons, the legal staff of the Secretary of State, Charles F. Carpentier, and the Governor's Official Traffic Safety Coordinating Committee. The Committee reviewed and probed the medical aspects of driver's codes now operational in New York, Pennsylvania, Oregon and the Provinces of Ontario and British Colombia and several European countries. The modicum of factual information, as opposed to opinion data, concerning medical criteria for driving restrictions is appalling. Conserted attention has been given to the present problem of developing a just and workable traffic control and accident prevention program for Illinois. The Committee has reviewed and revised three drafts of amendments to the Illinois Motor Vehicle Law. Surely we cannot accept any infringement of patient-physician relationship. Current proposed legislation embodies immunity for the physician disclosing information specified in the amended bill and implied consent on the part of the licensee for blood alcohol determination if such is necessary. The Attorney General of the State of Illinois has been studying for several months the legality of such consent.

Committee members wrote on a variety of subjects of interest to Illinoisans and these reports were carried widely by news, radio and TV media. These topics covered: safety hints, particularly for the elderly in cold weather; cold weather survival; immunization; dermatitis from contact with plants, pesticides and other poisons in relation to gardening; protection against and control of stinging insects; poisonous mushrooms; shatterproof glass for all wearing spectacles; injuries to extremities resulting from household mechanical appliances and power tools; the common disabilities resulting from bowling; the danger of self medication with antihistaminics during stressful pursuits; field first-aid in gunshot wounds; vision in hunting safety; tularemia in small game animals.

Three articles were carried by two national wire services on the subject of poisonous snakes, vision in hunters, and electrolite imbalance in healthy individuals due to heat and physical exertion. The latter article became particularly newsworthy in that it appeared about six weeks before two college football players expired and many others were disabled from heat exhaustion.

An article on tips in selecting summer camps for children received national coverage as a news release from the American Medical Association. During the summer and fall of 1962 the American Medical Association sponsored a number of TV public service announcements on the three major television networks. These TV shorts dealt with sunburn, insects, poisonous plants and snakes and other hazards in outdoor recreation. Several of the Committee articles mentioned above were used as topics for this nationwide public service.

A number of state conservation department journals and regional news services regularly reprint these safety and preventative medicine articles appearing in the Illinois Medical Journal.

A variety of Committee projects are now pending but those nearing completion are: a first-aid and transportation of injured guide for ambulance drivers, morticians, small town police and sheriff's personnel; distribution of a medical guide for physicians in determining fitness to drive a motor vehicle, and a first-aid and disaster check list for the home. If interest by the lay press continues at the present high level for material dealing with safety and preventative medicine, the Committee will meet such demands. However, the major concern of the Committee will be abating the unwarranted morbidity and mortality resulting from traffic accidents.

The Committee expresses its gratitude to Donald L. Martin, D. Elon Irish and James Slawny of the administrative staff. Little would have been accomplished without their invaluable assistance.

Julius M. Kowalski, *Chairman*

R. Guerry Bowen	George H. Irwin
James J. Callahan	Frank W. Newell
James P. Campbell	Edward Press
Edward K. DuVivier	Norman J. Rose
John J. Fahey	Franklin D. Yoder

RURAL HEALTH AND STUDENT LOAN FUNDS

The major activity of this committee continues to be administration of Student Loan Fund.

As of January 1, 1963, loans totaled $173,275.00.

There were, as of that date, 51 physicians practicing in the state as a result of the program, plus 25 in internships or military service, and 32 in medical schools.

On February 1, 1963, thirty-three applicants were interviewed by our committee and medical school officials, and ten were recommended for admission to the University of Illinois. Four of the applicants were granted loans. In addition, three loans were granted to students presently enrolled in medical schools.

Of the 115 participants since the program's inception, seven have failed to fulfill their contractual obligations regarding practice in a rural community. We feel that our new follow-up program, along with our periodic meetings with the students at the medical school, will further reduce the incidence of contract violations. At our last meeting with the students in November the attendance was almost one hundred per cent. At that time a dinner meeting was held with students and wives and two members of the faculty of the medical school discussed "The Medical School and General Practice."

At our last committee meeting, the possibility of combining our loan fund with that of the AMA was discussed. Prior consultation with the AMA loan fund staff had revealed that amalgamation would result in loss of participant selection by us, and further that the loan could no longer have a conditional stipulation regarding rural practice. This, along with the fact that the interest rate on AMA loans is 5½% as compared to our 2% was responsible for the Board's decision not to further consider combining funds at this time.

The possibility of altering the practice contracts to exclude the 5,000 population limit was discussed. Today's practice trend is for physicians to settle in county population centers where hospital facilities exist. Some of these exceed 5,000 population, but the need for physicians is greater than in many smaller communities in some of the northern counties. It was the feeling of the committee that the contract should simply specify agreement to practice in a community which is considered rural, and in which a need for physicians exists. It was decided that we should enlist the aid of county medical societies in placing these participants, and a letter to each county medical society secretary will be forthcoming, requesting information regarding possible locations in that particular county.

We hope it will be possible to maintain a certain flexibility of loan fund policies in order to compete with other loan programs, and yet accomplish the objectives of helping to solve the physician shortage and distribution problem in Illinois.

The committee wishes to recognize and express its appreciation to Doctor Harlan English, who has served as chairman of this committee since its inception in 1947. His efforts have been largely responsible for its success.

Jack L. Gibbs, *Chairman*
Edwin Hamilton
Thomas Bunting



COMMITTEES ASSIGNED TO DIVISION OF PUBLICATIONS AND SCIENTIFIC ACTIVITIES

EDITOR, ILLINOIS MEDICAL JOURNAL

Consistent with a Prospectus prepared by the Journal staff and approved by the Journal Committee in November, 1962, a major renovation of the Journal has been undertaken over the past year by the Editor and his staff, the Editorial Board and the Journal Committee. The resulting changes have culminated in a functional, modern journal with a new look designed to attract maximum readership.

Beginning in January, 1963, a new cover reflecting a modern, regional publishing concept was instituted. Several months earlier, the active solicitation of articles by national as well as local authors was begun to assure publication of a timely, interesting Journal month after month. In less than a year this active solicitation program has reaped a harvest of timely features and articles, among them:

1) An official report of the Thalidomide Tragedy in Germany by one of the nation's foremost authorities on children's prosthetic problems;

2) a special section on medical problems prevalent during the winter months;

3) a first-hand report of the diphtheria outbreak on the north side of Chicago;

4) a comprehensive, long-range survey on heart attacks and their prevention;

5) a timely feature on athletic injuries, written by the orthopedic surgeon for the Chicago Bears football team;

6) an ethical symposium on euthanasia and abortion, in which seven medical and religious authorities participated; and

7) a feature on the physician assigned to fighter Sonny Liston's corner at the Championship Fight held in Chicago last September.

These and many other articles solicited by the Journal staff over the past year have been commended by our readers; some of the articles have received widespread coverage in the local and national lay press.

Other innovations beginning in 1963 include incorporation into the Journal of a PR feature section *The Pulse*, and a legislative news letter. These additions not only provide an economic advantage to the membership but enable readers to refer to one, convenient source for virtually all news of the Society. An Illinois Medical Assistants news page also has been added, and currently negotiations are being carried on with several state specialty groups to contribute articles to the Journal on a regularly scheduled basis.

Despite these improvements, the limitation of editorial space set by economic restrictions remains a deterrent to the quality of the Journal. This factor also has been largely responsible for a large backlog of manuscripts; currently there are 37 approved articles awaiting publication, some of them submitted over a year ago. To resolve this problem it may be necessary to procure special funds for increasing the number of editorial pages.

The new Journal is being steadily improved and modified to reflect the increasing amount of medical activity taking place in Chicago and throughout Illinois. More and more this activity is taking on national importance. Ultimately, therefore, the Journal may achieve wide regional and national circulation. Its basic goals, however, remain unchanged — to inform Society members of clinical, medicolegal and socioeconomic issues vital to the efficient practice of modern medicine and to provide them with the finest state medical journal in the nation. Although the last mentioned has not as yet been fully achieved, the changes instituted over the past year represent a giant step in the right direction.

I would like to take this opportunity to thank Mr. Albert G. Boeck, Jr., Director of Publications, as well as Assistant Editor William E. Anderson, Publication Assistant Joanne F. Twomey and Business Manager John A. Kinney for their diligent and constructive efforts over the past year. Their work has been indispensable in the development and improvement of the new Journal.

T. R. Van Dellen, M.D.,
Editor, Illinois Medical Journal

EDITORIAL BOARD

Since my appointment as Chairman for the fiscal year (1962-1963) for the Editorial Board, one meeting was held in conjunction with the Committee on Publications for the Journal of the Illinois State Medical Society. This meeting concerned itself with changing of the format for the Journal, the cover design, advertising submitted to the Journal, and various procedures relative to the Journal. Pertinent matters concerning the function of the Editorial Board were not discussed at this meeting.

The Chairman of the Editorial Board sent letters to various members of the Editorial Board requesting their opinion and suggestions relative to original articles and various other data of interest to the readers of this Journal. Three members of the Editorial Board replied to this query, making recommendations and suggestions.

At the request of the Editor, a meeting was held March 13. Major topics of discussion at this meeting were the future size and editorial direction of the Journal and the control of manuscript inventory. The information gained and ideas exchanged at this meeting were exceedingly helpful in defining the duties of the Editorial Board and its role in contributing to the success of the new IMJ. Recommendations made by four Editorial Board members during the meeting are currently being reviewed and will be submitted to the Board of Trustees in the near future.

Samuel A. Levinson, *Chairman*

James Cross	Clarence J. Mueller
Frederick Falls	Jacob E. Reisch
Edwin F. Hirsch	Arkell M. Vaughn
James H. Hutton	Edward F. Webb
Francis L. Lederer	John R. Wolff

JOURNAL COMMITTEE

In an effort to provide a first-rate publication of national stature and help alleviate an unfavorable advertising trend, the Journal Committee has worked industriously with Mr. Boeck, director of Publications and Scientific Activities, and his staff during the past year. Early in the fall a general over-all revamp was made concernng the Illinois Medical Journal, a constructive and progressive program outlined, and a 1963 prospectus embodying the new features and innovations designed for the solicitation of additional advertisements. These developments and future projects may be summarized as follows:

1) A new Journal cover reflecting a modern, functional publishing concept was adopted, beginning with the January, 1963, issue.

2) The "PULSE" and the "Legislative Listening Post" were added as regular features, starting January, 1963. The inclusion of these two sections in the Journal has effected considerable economy in their production and distribution.

3) Consistent with these changes, several editorial innovations have been effected, among which is the active solicitation of papers from local and national authors. Not being required to rely on annual meetings papers or voluntarily submitted manuscripts as in the past, the Journal staff now is able to prepare timely and provocative issues to encourage maximum readership interest month after month. Reader response to these changes has been highly favorable.

4) General non-medical advertising consistent with the high standards of the Journal is being solicited. Although the results of an initial mail campaign to over 600 local advertising prospects were disappointing, efforts will continue in this direction since additional advertising revenue will be helpful in the over-all Journal fiscal operation.

5) Announcements of a pending increase in advertising rates of approximately 25 per cent have been circularized to advertisers and agencies. In compliance with publishing protocol, the majority of the advertisers in 1963 will have the benefit of 1962 rates. Durng the course of the year, however, as present contracts expire, advertisers will be billed at the new rates. Beginning in 1964, all advertising will come under the new rates which will substantially improve and strengthen the financial base of the Journal.

6) A readership and marketing survey form is still in the process of being completed. It will be sent to a representative sampling of the Society membership. Survey results will help materially in determining future editorial and promotional policies.

7) Promotional activity has been greatly accelerated. Sales letters and low-cost creative display mailings are now being sent out regularly to the advertisers, prospects and agencies. More direct selling to the companies and agencies is being done locally and nationally. In several trips to New York, New Jersey and Pennsylvania, the most recent in January of this year, Mr. Kinney has maintained close rapport with the advertisers and procured several new advertising accounts. Similar trips to advertisers and prospects in the midwest are planned this year.

Mr. Kinney reports that many of the advertisers, whose media selections are based on editorial quality and evidence of readership acceptance, are aware of and enthusiastic about the improvements already made and planned for the future. These, without question, should enhance the saleability of the IMJ to national media.

FINANCIAL REPORT

Due to a market trend favoring journals of higher circulation, specialty journals and the continuing inroads of government control on pharmaceutical marketing and advertising, most state medical journals experienced further declines in advertising income durng 1962 — some as much as 10-20 per cent.

Despite this general decline, the IMJ came within $4,000 of meeting an estimated $96,000 income figure for the year. On a cost per member basis, the entire Journal operation cost each member of the Society just under $2; a relatively low figure in comparison with other state societies where dues allocations to their journals run as high as $5 to $8 per member. This relative success was due to vigorous promotion, close attention to cost budgeting and personal liaison with advertisers and their agencies.

In spite of determined efforts and economies, the deficit for last year was higher than had been anticipated. At present, there are no indications that this unfavorable trend is ended. The industry is still very much in a state of indecision, perplexity and confusion over the new drug legislation. New products — the source of new and larger advertising outlays — will be more difficult to get out of the pipe-lines, advertisers predict. Advertising budgets have been trimmed in anticipation of fewer new products this year. Smaller circulation publications such as the IMJ are being deferred again in favor of larger circulation publications national in scope.

Although a deficit is anticipated again this year, it is nearly impossible at this time to predict accurately what it will be in dollars and cents. The anticipated revenue from advertising in 1963 is $85,000.

Emphasis is again on operating economies in 1963. We have renegotiated with Neely Printing Company in Chicago to continue publication of the Journal, with assurance from them that no price increases will be forthcoming. In fact, we expect to reduce the printing budget through operating economies by the IMJ staff and the printer by a significant figure, perhaps as much as $10,000 for the year.

In anticipation of the deficit and to assure maintenance of Journal size, quality and editorial improvement, the Board of Trustees has approved an allocation of $25,000 from the General Fund to the Journal. If advertising revenue improves, any unused amount will be returned to the General Fund at the end of the year.

Jacob E. Reisch, *Chairman* — E. A. Piszczek
J. Ernest Breed — *Ex-officio:*
Burtis E. Montgomery — Newton DuPuy

COMMITTEE ON SCIENTIFIC ASSEMBLY

Report Not Available

EDUCATIONAL AND SCIENTIFIC FOUNDATION

In 1961 the Educational and Scientific Foundation of the Illinois State Medical Society was established to select, sponsor, co-sponsor, initiate or implement educational and scientific projects or programs in medical, medical-legal, socio-economic

or related fields, and in so doing to cooperate with the other corporations, associations, trusts, foundations, governmental agencies or individuals in pursuing and conducting such projects or programs in the public interest.

On September 15, 1962, The Educational and Scientific Foundation's Board of Directors held its first meeting and officially appointed Mr. William E. Riddle as its staff coordinator. As Coordinator of the Foundation, Mr. Riddle was directed to prepare a program for the Foundation which would clearly define the Foundation's organization, purposes, programming and projects, including money raising devices.

On October 14, 1962, The Educational and Scientific Foundation's Board of Directors met and officially approved in principle a proposed Foundation Prospectus prepared by Mr. Riddle.

In order that Illinois physicians have a better understanding of their Foundation, here, in the remainder of this report, are the proposed purposes and purview.

Needs, Benefits and Scope

The Foundation was established because there has been a long unmet need for providing the medical profession with an Independent, *Non-Profit Legal Entity Qualified As An Educational and Scientific Organization* with a permanent staff and experienced available professional counsel in the fields of medicine well qualified to conduct and administer scientific surveys, projects in medical research and medical education programs.

Clinical institutes, symposiums, conferences and demonstrations always have been periodically available to physicians on programs which concern technical, scientific research or the management and treatment of disease entities. On the other hand, very few opportunities of a similar nature ever have been offered or made available to physicians in such fields as preventive medicine and public health, socio-economic aspects of community health, medical practices, medical care and rehabilitation, or interrelated and public relation phases of the practice of medicine.

How Will the Foundation Use Its Resources

Providing adequate funds are available, effective utilization of Foundation resources are nearly too numerous to elicit. However, for the sake of brevity let us explore a few gross thoughts along this line:

1. Impartial Medical Testimony (current project).
2. State-wide health survey and dissemination of project findings.

The Illinois State Medical Society has always been interested in the field of public health and preventive medicine. Now the Society is interested in conducting a health survey for the State of Illinois, with four immediate objectives:

a. To study the health needs of the people of Illinois.
b. To investigate existing provisions for and the cost of health services.
c. To outline a long range health program and its support.
d. To recommend specific actions to assure a high standard of health care for the people of Illinois.

3. Hospital utilization study.
4. Financial aid for medical students.
5. Perinatal mortality study.
6. The Foundation has recently added a new project. A grant of $7,500 has been awarded to the Foundation to survey the Physiological Aspects of Water Quality for the Water Conditioning Foundation.

Activities such as these previously mentioned would result in findings and recommendations highly constructive towards the improvement of state-wide health services, medical practices and patient care. Certainly these projects' results could be shared by other state medical societies.

In time the Foundation could conceivably support researchers of Illinois medical schools with interim financing programs designed as a grant-in-aid research program.

Scope

Much can be done in the area of *Recruiting* and *Training* guidance for *Medical Manpower*.

To attract and develop skills urgently needed in laboratories, clinics and classrooms — organized and administered with a *national attitude* as well as one benefiting this state's needs.

Considering the *Scope* of such an accomplishment, the Educational and Scientific Foundation could parallel and enhance any other voluntary health agencies' activities in the areas of scholarship programs.

A Permanent Structure

The Foundation Directors are highly desirous that this organization become a permanent structure as an educational and research arm of the Illinois State Medical Society. In its diversified and ever-expanding activities it should soon be recognized as a living institution by the physicians of this state. Toward this end, membership categories of charter members, fellows and regular members are being developed. Long range objectives of the Foundation could possibly include state-wide health programs; a medical library and museum; an edifice where physicians could meet together for post-graduate or similar work; and meeting accommodations for allied medical organizations.

Progress

On January 13, 1963, the Illinois State Medical Society Board of Trustees agreed to lead Illinois

physicians by supporting the Foundation and becoming *Founding Fellows* with a generous pledge of $100 from each Board member. In addition to this, the Educational and Scientific Foundation Board of Directors have established an *Associate Fellows Program* whereby non-M.Ds. may participate by pledging $100 each. Already many of the Headquarter's Office Staff have made such a contribution.

Edwin S. Hamilton, *President*
Jacob E. Reisch, *Secretary-Treasurer*

Directors:
Newton DuPuy
E. A. Piszczek
George F. Lull

COMMITTEE ON ARCHIVES

1. Commends the recent action of the Board toward the establishment of a Medical Museum under the chairmanship of Dr. Emmet Pearson.
2. Suggests that each county society preserve within its own territory such items of local import as to preserve professional pride and foster lay interest in the story of medicine.
3. Urges individual professional personnel collect and contribute to such archives items of medical historical import.

This committee has had no formal meetings but the thoughts herein submitted have been organized and approved by the committee members through correspondence.

To accomplish these aims this committee

1. Urges the continued support of the Illinois State Medical Society in the establishment of a state medical museum through the appropriation of such funds as are needed.
2. Advises that historians for each local society be appointed and instructed to supervise the establishment of local archives.
3. Pleads that the Illinois State Medical Journal publish stories of historical interest and such articles of encouragement for this project as frequently as the editorial staff finds it to be feasible.

Paul P. Youngberger, *Chairman*
James H. Hutton
Josiah J. Moore

Cancer Control Committee

Report Not Available

CARDIOVASCULAR COMMITTEE

Members of the Cardiovascular Committee have been contacted from time to time through the past year. As a result of these meetings it was decided to present the pertinent developments in the cardiovascular field in Illinois during the past year. The members of the committee have been closely associated with the Chicago and Illinois Heart Associations; it is the work of these associations that comprise the bulk of this report.

Through the efforts of county and multi-county heart units, roughly 30,000 volunteers have been solicited for a house to house campaign for the annual heart drive. It is the feeling of the committee that this work of volunteers brings the need for research closer to the individual.

The funds collected by volunteers during the annual drive are divided between local, state, and national heart associations with about 60% being channeled into research and the greater part of the remainder being devoted to education. The Illinois and Chicago Heart Associations will provide more than $300,000 for additional research, which will be carried out in Illinois institutions.

It is the feeling of the committee that the value of education cannot be over-emphasized as far as the lay person is concerned. In addition, the benefit of physician education is no less important. The results of original research are brought to the physician regularly through Heart Association publications and through local, state, and national cardiovascular meetings where the foremost clinicians offer the results of the most recent developments in this field. Institutes for nurses and laboratory technicians are conducted regularly. Recently, a program of scholarships for high school students who show scientific proficiency has been instituted and has already shown gratifying results.

Diagnostic clinics for cardiac patients and work classification units have been set up in various parts of the state.

Another new dimension in the field of cardiovascular research in Illinois will have been achieved when the new Burnside Research Laboratory is dedicated in Urbana on June 16. It is expected that national attention will be drawn to the Illinois University campus by the new facility.

In conclusion, these are some of the projects, which are being carried on in the cardiovascular field in Illinois. There were no legislative problems to be presented to the Illinois State Medical Society.

Arnold S. Moe, *Chairman*
Wright Adams
Hugh S. Espey
Alva P. Nancy
Oglesby Paul

CHILD HEALTH COMMITTEE

All sub-committees appointed in 1961 were active in 1962.

Sub-committee on Fetus and Newborn: This committee has been functioning in the Joint Committee on Perinatal Study which had its first meeting in Springfield October 3, 1962 and devoted its time to organization and methods of operation. The goal of this committee is to study perinatal mortality throughout the State, exclusive of Cook County, and recommend possible means of reducing morbidity and mortality.

Through its chairman, Dr. H. F. Philipsborn, Jr., the committee has provided lectures and movies at county medical societies on the management of hemolytic disease of the newborn. The committee is anxious to provide programs for County Medical Societies concerning all aspects of perinatal mortality.

Sub-committee on School Health Councils: Chairman Dr. Richard Dukes has been collecting information on the number of school health councils and/or committees throughout the state. The purpose of his committee is to stimulate interest and assist in organizing school health councils at the community level. Physicians at the county level could help this project appreciably by pointing out to the school administrators the need and the advantages of such a committee and where help in its organization can be obtained. Miss Naomi Hiett, Executive Director of the Illinois Commission on Children, has been assisting the chairman in fact-finding.

Sub-Committee on School Records: This committee under the chairmanship of Dr. Howard R. Hone has developed three individual school health record forms which should satisfy school boards and physicians' desires whether simple or elaborate. These have been approved by the committee as a whole.

Representatives to the Joint Committee on School Health: Dr. W. W. Fullerton is vice-chairman of the Joint Committee and coordinates activities in the area of competitive athletics in schools, accident prevention and health education for teachers.

New Appointments: Dr. Richard Dukes was appointed liaison representative of the Illinois Chapter, American Academy of Pediatrics, to the ISMS Child Health Committee to facilitate a closer working relationship between the two committees in the areas of mutual interest.

New Sub-Committee: A sub-committee on communicable diseases was appointed with Dr. Fred P. Long as chairman. It was felt that such a committee would strengthen the position of the committee as a whole with respect to policies on new and changing immunization procedures. This committee can work cooperatively with the American Academy of Pediatrics, county medical societies and local health departments.

Policy Statements: On January 13, 1963, the Board of Trustees approved the following resolutions submitted by our Committee:

1. Polio Resolution:
   a) The Child Health Committee continues to recommend the use of the Salk killed virus vaccine with periodic booster immunizations. The Committee also continues to recommend the use of Type I and II Sabin oral vaccines in community and/or individual immunization programs.

      After review of available information this Committee now considers Type III Sabin oral vaccine to be a safe vaccine under accepted standards within the recommendations of the U.S. Public Health Service. Its use in immunization programs is therefore considered acceptable.

      The utilization of all vaccines is a matter for local and individual determination. Thus county medical societies and local public health officers should evaluate their own individual and community immunization programs.
   b) Type III Sabin oral vaccine is approved for use on a community basis in those areas where oral polio vaccine programs have been initiated.
2. IPAC and Infant Immunization Resolution: Funds should be made available for immunization of children on public assistance in Illinois where county or local health departments are now in existence. Private physicians should then take over this responsibility as volunteers, and at a reasonable fee as recommended by the Medical Advisory Commttee to IPAC.

Joint Meeting on Tuberculosis: Your chairman met with the Committee on Tuberculosis to discuss the problem of domestic employees as related to childhood tuberculosis. There is an increasing incidence of positive tuberculin reactors in infants and it is believed that the domestic employees may be a significant source of infecton. It was agreed that greater effort should be expended to educate physicians and the lay population concerning this potential hazard, with the recommendation that domestics should have a physical examination and an x-ray of the chest prior to employment. It was also believed that such examinations should be on a voluntary basis because legislation making them mandatory would not be feasible at this time.

State Conference on Child Health: The Committee has suggested a statewide Conference on Child Health for either fall of 1963 or 1964. The Illinois Commission on Children desires to co-sponsor and assist in setting up such a conference because of mutual interests in many areas. The executive director of the Commission and Dr. W. W. Fullerton are exploring possibilities and will report to the committee as a whole in the near future.

Ralph Kunstadter, *Chairman*

Bernard J. Doyle	Kenneth S. Nolan
Richard E. Dukes	Herbert F. Philipsborn, Jr.
W. W. Fullerton	John L. Reichert
Jose Gonzalez	Arthur L. Shafton
Howard R. Home	Walter Steiner
Edward F. Lis	Norman T. Welford
Fred P. Long	Walter Whitaker

ILLINOIS BAR ASSOCIATION — LIAISON COMMITTEE

Due to the death of the chairman, Kenneth C. Johnston, the committee was not able to develop

plans made for the year.

William E. Adams
Arthur F. Goodyear — Leo P. A. Sweeney
Samuel A. Levinson — George C. Turner

IMPARTIAL MEDICAL TESTIMONY COMMITTEE

At the 1962 meeting of the Illinois State Medical Society the Committee on Impartial Medical Testimony, with the support and cooperation of the Illinois State Medical Society, held a symposium and breakfast. Invited to this conference were members of the Federal District Court, Northern Illinois; judges from the Superior and Circuit Courts, State of Illinois; members of the Chicago and Illinois Bar Association; members of the panel Impartial Medical Testimony Committee; and representatives and officers of the Illinois State Medical Society. This meeting was arranged and the agenda prepared by Mr. William E. Riddle, Coordinator of the Educational and Scientific Foundation of the Illinois State Medical Society. This meeting was a successful one. The judges, attorneys, and physicians present requested that a similar gathering be arranged for the 1963 meeting of the Illinois State Medical Society.

Several meetings were held during the year with members of the various specialties comprising the panel of the Committee on Impartial Medical Testimony. Emphasis was placed on further development and improvement of the function of the various panels representing Impartial Medical Testimony.

A meeting attended by representatives of the Executive Administrator's office, officers of the Committee on Impartial Medical Testimony, and judges of the Superior and Circuit Courts was held in the chambers of Judge Ward to apprise the judges of the function of Impartial Medical Testimony, to familiarize them with the objectives of Impartial Medical Testimony, and to encourage and assist in establishing a close liaison between the Executive Administrator's office of the Illinois State Medical Society, the Court Administrator's office, and the Bar Association and the judges.

At the request of the Illinois Bar Association a caravan was appointed to present the objectives and function of Impartial Medical Testimony in Northern and Southern Illinois. Members of the Committee on Impartial Medical Testimony, as well as the attorneys associated with the Illinois State Medical Society, participated in this program. The results were most gratifying.

At the request of DuPage County and other areas in the State of Illinois, members of the Committee on Impartial Medical Testimony, including invited judges and attorneys, participated in presenting the functions and utilization of Impartial Medical Testimony as an aid to medical justice. This, too, was a successful venture and more requests are coming in from various county societies, including local branch societies of the Chicago Medical Society, for Impartial Medical Testimony discussion before their groups.

A resolution was introduced to the House of Delegates at the 1962 meeting of the Illinois State Medical Society in reference to the role of Impartial Medical Testimony and malpractice. The resolution, among other items, included the statement that Impartial Medical Testimony was not formed or established in the area of malpractice; the major item concerning Impartial Medical Testimony is in the area of personal injury cases, at the request of the judge or lawyers for Impartial Medical Testimony, and that various jurisdiction in the State of Illinois may have variations of established practice in the care of their patients. Therefore, the House of Delegates approved the resolution that Impartial Medical Testimony at this time will not participate in controversies in the area of malpractice.

The Committee on Impartial Medical Testimony desires to express its appreciation and gratitude to Dean Harno, Administrator, and Dean John Fitzgerald, Deputy Court Administrator representing the Illinois Supreme Court, and particularly to Mr. Carl Rolewick, representing Dean Fitzgerald's office in expediting the requests for Impartial Medical Testimony with the Illinois State Medical Society. There is close cooperation between the Office of the Court Administrator and the Illinois State Medical Society in matters pertaining to Impartial Medical Testimony, their contact with members of the panel who are called to examine the patient and submit a report as well as to appear in court, and there are valuable suggestions from the Office of the Court Administrator.

Several members of the Panel on Impartial Medical Testimony participated in radio program interviews, approved by the executive office of the Illinois State Medical Society.

Dr. Clinton Compere has been appointed by the Executive Committee as Co-chairman of the Committee on Impartial Medical Testimony.

Dr. Edmond F. Foley has been appointed by the Executive Committee as Consultant to the Panel and Committee on Impartial Medical Testimony.

There is much work to be done, particularly along educational lines, among doctors, judges, and attorneys, as to the function of Impartial Medical Testimony and the significance of the medical truth and justice for the citizens of our state.

It is with deep feeling and emotion that we record the sudden and unexpected death of Dr. Richard Bennett, Jr., the founder and first Chairman of the Committee on Impartial Medical Testimony for the Illinois State Medical Society. The coordination of this program, the enthusiasm and zeal of a dedicated physician in search of truth and justice is exemplified in the advancements made in this area through the United States Federal Court in Northern Illinois, the State and Superior Courts of Illinois, and the approval by the Illinois Supreme

Court. This, indeed, is a monument that will stand out for all time and will be synonomous with the outstanding contribution made by Dr. Bennett. A resolution about Dr. Richard J. Bennett, Jr. and his work will be introduced at the annual meeting of the House of Delegates of the Illinois State Medical Society in 1963.

Samuel A. Levinson, *Chairman*
Clinton L. Compere
John Condon
R. Gregory Green
Roger Harvey
Percy E. Hopkins
Roland Mackay
Harold C. Voris
Warren E. Young
Consultant:
Edmund F. Foley
Ex-officio:
George F. Lull
Harlan English
Newton DuPuy

COMMITTEE ON LABORATORY EVALUATION

There are no requests for action by the House of Delegates.

This committee met on November 28, 1962 to review the developments of the previous year. It was noted that only limited use has been made by the County Societies of their prerogative of appointing local Committees on Laboratory Evaluation. The Chairman of this committee has been instructed to prepare a paper for submittal to the Editor of our State Society Journal outlining the program proposed by this Committee for the improvement of standards of laboratory practice in Illinois.

James B. Hartney, *Chairman*
Max Appel
Grant C. Johnson
T. Z. Polley
H. J. Shaughnessy
Franklin Yoder
Ex-officio:
Jack Williams
E. A. Piszczek

MATERNAL WELFARE COMMITTEE

In addition to the established custom of reviewing and coding maternal death studies from Cook County Hospital and downstate Illinois, the Maternal Welfare Committee, through sub-committees, has presented short resumes on the subjects of thrombophlebitis, management of abortion, and the relationship of the quality of prenatal care and socio-economic status to maternal mortality, as a part of the three regular meetings held prior to the date of the submitting of this report.

It is anticipated that at a fourth meeting in the early part of March the cases of 1962 will have been processed and a start begun on those available for study of the year 1963.

An article on Sickle Cell Anemia and Pregnancy will shortly be submitted by Dr. Webster of our Committee, and a co-author, for publication in the Journal.

The Committee unanimously consented to advance $100 to Dr. Frederick Falls for the purpose of assisting in the publishing of an informative article on Eclampsia, which appeared in the February issue of the Journal.

The Committee is pleased over its role in the newly formed Perinatal Committee under the chairmanship of Dr. Philipsborn, and envisions rewarding results in the field of mutual interests.

The Committee gratefully acknowledges to the profession at large their interest in the transactions, as evidenced by 45 per cent of the physicians involved in the cases studied requesting the Committee's opinions of their respective cases. This increasing number of inquiries may be taken as evidence of the Illinois doctors' great interest in providing the highest standards in maternal and infant health. In addition, some members of the Committee participated in the Seventh Annual Congress of the Illinois Association for Maternal and Infant Health.

W. C. Scrivner, *Chairman*
F. H. Falls, *Chairman Emeritus*
A. B. Owen
W. J. Farley
G. H. Rezek
W. R. Young
R. R. Loar
R. R. Hartman
J. B. Waller
C. Greenstein
C. K. Wells
J. R. O'Donnel
M. Pierce

MEDICAL EDUCATION AND HOSPITALS

Due to the death of the chairman, Kenneth C. Johnston, plans made for the year could not be developed.

Ward Eastman
George F. O'Brien

MEDICAL TESTIMONY COMMITTEE

No items have been referred to this committee for consideration.

Leo P. A. Sweeney, *Chairman*
John H. Gilmore
Edwin F. Hirsch
Maurice D. Murfin
Harry D. Nesmith
Joseph F. O'Malley
L. F. Rockey
Peter Rumore

MEDICAL-LEGAL COMMITTEE

The chairman of the committee attended the planning conference of committee chairmen held in Chicago in September, 1962, at which time the function and proper operation of committees was discussed. Since the discontinuance of providing of legal counsel to the members of the society, the Committee has not had a great amount of work to do.

At the conference, the suggestion was made and is herewith endorsed at the Medical-Legal Committee, the Medical Testimony Committee, the Com-

mittee on Impartial Medical Testimony, the Liaison Committee to the State Bar Association and the Committee on Narcotics and Hazardous Substances might be combined. The work of these committees could be assigned to the resulting committee which would have sub-committees retaining the present personnel assigned to each of these fields. The chairman of the parent committee would then be in a position to coordinate the activities of all these committees and prevent duplication or overlapping functions.

The Committee repeats it's recommendation of 1961 that the notebook of Medical-Legal material, including interprofessional code of conduct for lawyers and physicians be published. The notebook could contain all materials which would be of help to the physician in meeting Medical-Legal problems in his practice. An example would be a discussion of procedures necessary to obtain a commitment of mentally ill persons. As new legal decisions are rendered, or new problems arise, additional material could be duplicated and disseminated to all members. We heartily recommend that the possibility of such a notebook be investigated again with the possibility of publication and distribution to all members of the Illinois State Medical Society.

George C. Turner, *Chairman* — Edward C. Helfers
Charles Allison — Ralph McReynolds
F. E. Bihss — Leo P. A. Sweeney

MENTAL HEALTH COMMITTEE

During the past year one of the important events of the *Mental Health* committee was the Congress on Mental Health in October, 1962, sponsored by the AMA. At this Congress 21 projects were considered by representatives of the medical profession, paramedic groups, social workers, eduactors, and the Clergy. A Steering Committee was also formed to help implement the work of each of these projects in the state. Dr. Visotsky is the co-chairman of this Steering Committee. A co-chairman was necessary because the Chicago area was too large for anyone individual down state to participate actively.

Since this meeting, the committee has been active in securing data relative to the field of mental health. This information was requested of the Secretary of each component medical society to submit data relative to what programs are already in progress, what neurological and psychiatric facilities are available and what the needs are for the Counties as regards to the above. This questionnaire was also sent to the Superintendent of Schools in different counties. I would like to report that out of the entire state, only 20 counties' medical societies have responded, whereas 57 counties' school systems have responded. This committee regrets the apathy on the part of the county medical societies in responding to this request. The committee feels that a more extensive program should be instituted to urge the Doctors in the state as to the importance of the Mental Health program since millions of dollars are spent each year, and what is more the budget this year is higher than it ever has been. The committee feels that the Doctors in the state should take more of an interest in legislative programs, especially relative to mental health, as a great deal of the tax-payers money is designated for the mental health department.

The data which has thus far been received will be analyzed and a report will be given in the future by your committee. Within the next 30 days the committee will meet with the steering committee to evaluate the work thus far accumulated. This will be done at the conclusion of the meeting of the State Mental Health representatives, the first week in March.

During the past three years the members of the Mental Health Committee have attended various meetings relative to Mental health problems.

Harry Phillips, *Chairman*
Walter H. Baer — Bernard E. Klein
Louis D. Boshes — Harry Nesmith
Francis J. Gerty — John L. Reichert
Richard Graff — Murray Rolens
David M. Jordan — Harold M. Visotsky

COMMITTEE ON NARCOTICS AND HAZARDOUS SUBSTANCES

Fortunately, the past twelve months have not been marred by insurmountable problems in Illinois.

Progress in re-habilitation remains tedious but the Committee trusts that future professional and lay efforts will be most fruitful. The Society can be proud that the past year has seen such a low incidence of addiction among professional people in our State.

As in the past, your Committee plans to deal with professional problems as confidentially as possible.

Lee N. Hamm, *Chairman* — William V. McReynolds
Earl H. Blair — George S. Schwerin

NURSING COMMITTEE

Objectives

During the year 1962-1963, the Nursing Committee had for its objectives the following:

1. Assert leadership role in nursing recruitment, education, and legislation.

Meetings

There were two formal meetings on October 28, 1962, and February 17, 1963, well attended by members and invited guests from the Illinois

League of Nursing, Illinois Nurse Association, and the Nursing Education Committee of the A.M.A.

Several special invitations to attend meetings of professional and practical nursing groups were fulfilled by Dr. Ted LeBoy and Dr. Mary Louise Newman.

The Committee was prominently represented by member participation on the program of the Joint Conference conducted by the Illinois Nurse Association and the Illinois State Medical Society on nursing care, the 7th Illinois Congress of Maternal and Infant Health, and the Legislative Conference in Springfield on February 19.

Summation

It may be concluded that the Illinois State Medical Society, through Committee efforts:

1. Sustained and enhanced its leadership role in the program for nurse recruitment.
2. Became identified actively with the proposed study of Junior College nursing education provided by a grant from the Kellog Foundation.
3. Has taken a prudent position through legislative channels in support and active sponsorship of House Bill 143 for proposed changes in the Nursing Act of Illinois.
4. Consequently, from the above, the Committee feels a sense of triumph for the invaluable and cherished rapport with representatives of the nursing profession, resulting from our indirect and collective efforts. By emphasizing our professional support and leadership in solving problems in which we have a mutual interest, we have strengthened our alliance with the profession of nursing against forces endangering the freedom and high standard of patient care we strive to provide the citizens of Illinois.

W. C. Scrivner, *Chairman*
Ted LeBoy, *Vice-Chairman*
Angelo Creticos
J. O. Firth
Henrietta Herbolsheimer
Anna A. Marcus
Mary Louise Newman
Paul B. Youngberg

COMMITTEE ON NUTRITION

On July 16, 1962 your Committee on Nutrition met in Springfield to develop a recommendation concerning the Food and Drug Administration's proposal to revise regulations concerning dietary foods. To assist in developing the background for a sound recommendation, your Committee invited consultants from the Illinois Department of Health, the American Dietetic Association, the University of Illinois and the Institute of Food Technology.

The recommendation developed was accepted by the Board of Trustees and transmitted to Washington. Our request to the Food and Drug Administration for an extension of time for further consideration was granted.

This action was important because it represented timely positive action in the interest of the public by organized medicine.

In July, the Chairman attended a symposium sponsored by the Council of Foods and Nutrition of the AMA and the National Institute of Health. The meeting was concerned with the nutrition education of the physician in practice and how to better coordinate and improve nutrition education afforded medical students and medical residents.

On September 26, in Chicago, a Symposium on Foods and Nutrition, sponsored by the Institute of Food Technologists, the Chicago Nutrition Association and our Committee was a huge success as measured by the attendance of more than four hundred persons. Those attending were primarily from the food industry, physicians, nutritionists and writers. A 28-page review of the talks was published in the November issue of the Illinois Medical Journal and more than five hundred requests for reprints were received.

The annual Nutrition Conference sponsored by the Illinois Department of Public Health, the Illinois Nutrition Committee, the Madison County Medical Society and our Committee was presented on October 5-6 in Alton. About 250 persons participated in this.

We have been fortunate in obtaining top level speakers for our meetings and we have a progressive and sympathetic "secretary" in Mr. Boeck. We wish to thank Mr. Boeck and commend him along with Mr. Anderson of the Journal, Mr. Slawny of the Public Relations staff, Dr. Yoder and the Department of Public Health, the Board of Trustees and the members of the Committee for their support and cooperation.

Paul Dailey, *Chairman*
James R. Wilson, *Vice-Chairman*
John B. Hall
Warner H. Newcomb
W. I. Taylor
Ex-officio:
Paul Cannon

COMMITTEE ON OCCUPATIONAL HEALTH

The Committee on Occupational Health has been inactive since the September, 1962 meeting, due to the untimely death of its Chairman, Dr. Richard J. Bennett.

The Committee wishes to express its profound sorrow at the passing of Dr. Bennett, who spent innumerable hours working to improve relations between the Industrial Commission of Illinois and the medical profession. His loss will be keenly felt by all.

The Committee for 1962-63 was charged with the study of the problem of those afflicted with heart trouble and the attempt to find some basis for exempting industry for liability for pre-existing conditions. It was hoped that this would lead to some kind of legislation. The Committee has held educational seminars for hearing officers of

the Industrial Commission and has sought ways and means for improving medical testimony before the industrial commission.

In August, 1962, an article entitled "The Industrial Blank Check" was received from Walter L. Oblinger. The importance of industrial accident reports was noted. These reports are legal documents as well as medical records and they should be accurate, clear and concise. The minimum requirements were outlined in the article.

At the September 12, 1962 meeting a report was made by Dr. Henry Howe of the AMA Council on Occupational Health, on the role of the physician and the medical society in providing medical coverage in small industrial plants. A positive program for medical societies was offered.

The Committee wishes to suggest that in seeking a replacement for Dr. Bennett as Chairman, the following qualifications be kept in mind:

He should be a Chicago man; he should be especially interested in the fields of rehabilitation and compensation, and he should represent one of the larger industrial firms.

Arthur S. J. Peterson, *Acting Chairman*
Clarence F. Kelly
Milton H. Kronenberg
O. W. Rest
V. P. Siegel
Fred Stansbury
Myron J. Tremaine
Eugene L. Walsh
Ex-officio: Henry F. Howe

JOINT COMMITTEE FOR STUDY OF PERINATAL MORTALITY

During the year 1963-64 the Joint Committee for Perinatal Mortality expects to continue with its studies of perinatal mortality in eleven mid-Illinois Counties.

The past year was the first one that this committee has been in existence. A considerable effort was expended in organization. Membership is derived from the Illinios Hospital Association, Illinois Nursing Association, Illinois Obstetrical and Gynecological Society, Illinois Academy of Pediatrics, Illinois Academy of General Practice, and the Illinois Department of Public Health.

A data form was developed along lines recommended by medical librarians. Arrangements have been made with the Illinois Department of Public Health to put the data on I.B.M. cards.

A pilot study of Perinatal Mortality is being prepared for eleven mid-Illinois Counties: McDonough, Fulton, Peoria, Tazewell, Schuyler, Shelby, Morgan, Adams, Sangamon, and Champaign. In these areas the local physician, hospital administrator, and nursing personnel will complete the I.B.M. data form and disguise its identity by coded legend. The record will then be submitted to the State Perinatal Study Committee, through the local hospitals' reviewing committees. The State Committee will process the data and conduct research. Whenever local committees desire the opinion of the State Committee, a written report will be forwarded.

The past year was one of organization. No data is available for study at this time.
backlog of manuscripts; currently there are 37 ap-

Herbert F. Philipsborn, Jr., *Chairman*
Willard C. Scrivner, *Co-Chairman*
Paul A. Dailey
Velma Foresman
Jose Gonzalez
Robert Hartman
Leo P. Perucca
Donaldson F. Rawlings
John Rendok
Simon Y. Saltman
Walter Steiner
Charles K. Wells
John A. Taft, Jr.

POSTGRADUATE MEDICAL EDUCATION AND SCIENTIFIC SERVICE

Continued expansion and improvement of the programs of postgraduate education will continue to be the major activity of this committee. The remarkable success of the new Speakers Bureau Roster has clearly demonstrated both a need and desire for such assistance by the county societies of this state. It is the opinion of this committee that action by the House of Delegates to increase the speaker's honorarium to $50 from the present $25, will further encourage and more adequately compensate the participants in the postgraduate education program. The prospect of obtaining additional funds from the postgraduate divisions of some pharmaceutical firms will be explored.

1962 was the year for the Speaker's Bureau Roster. The fine 80-page manual is a fitting tribute to the efforts of the committee and particularly its outgoing chairman, Doctor Noel Shaw. The roster was conceived, edited, and indexed by Doctor Shaw and his committee members. Distribution to all county societies was completed in August, and a 200 per cent increase in the use of the Speakers Bureau for individual lectures and postgraduate courses is already apparent. The roster makes readily available the names of some four hundred physicians and over twelve hundred topics which they might present in scientific programs. In addition to simplifying the programming procedures by the county society chairmen, it encourages the selection of the right speaker for a popular subject. The costs of printing scientific programs, mailing of announcements, and the honorarium and travel expenses of the speaker, will continue to be paid from the committee budget.

During the period March 1, 1962, to February 28, 1963, postgraduate courses were presented at Champaign County (Chicago Medical School); Coles-Cumberland County (St. Louis University); Jackson County (in cooperation with the 14th District of the American Nurses Association); Logan County, and Tazewell County (Northwestern University). There were 1,825 programs and postcards printed and distributed in connection with

these programs. Representatives of the Division of Scientific Activities attended three of the sessions and assisted with registrations.

The increase in the number of counties served and speakers provided was demonstrated by the 63 speakers who went out to 24 counties. Counties served, were Adams (1 speaker), Bureau (4), Champaign (6), Coles-Cumberland (1), DeKalb (4), JoDaviess (1), Kane (1), Knox (9), LaSalle (8), Macon (2), Montgomery (3), North Shore Branch of CMS (3), Peoria (1), Rock Island (2), Southern Cook County Branch of CMS (1), Stephenson (5), Stock Yards Branch of CMS (2), Wayne (2), Whiteside (4), and Williamson (2). All counties have been urged to avail themselves of similar services.

A total of 3,356 double postcards and 198 single cards were mailed announcing meetings. This includes cards mailed for Greene, Henry, McDonough, Macoupin counties for whom we did not provide the speakers.

It is suggested that the activities, achievements, and recommendations of the Committee on Postgraduate Medical Education and Scientific Service are worthy of the thoughtful consideration of all society members.

Robert J. Freeark, *Chairman*
E. F. Stephens
Hyman Zimmerman
Leon Jacobson
Louis R. Limarzi
Ralph Kunstadter
Walter Maddock
Harold Laufman
Edwin E. Irons
J. Mather Pfeiffenberger, Jr.
George F. O'Brien
Hubert L. Allen

COMMITTEE TO STUDY POSTGRADUATE MEDICAL EDUCATION

Survey of the Medical Schools in the state with response from all but one, indicate that one sponsors no post graduate education at all, but cooperates with the Illinois Chapter of the Academy of General Practice; two offer some courses and seminars each year, and one is presently attempting to increase its offerings, with four presently scheduled for 1963 with additionally, one week individual Departmental Visitor programs in practically all departments.

Survey of the Counties reveal that many expect to obtain speakers from the ISMS speakers bureau and that an increasing number plan to request post graduate courses.

It is the feeling of this committee that all available post graduate education from all sources in the state be catalogued and coordinated as fully as possible. It is also our opinion that ISMS should continue and intensify its efforts in this field.

We further recommend that an intensive study be made of the intern — resident situation in the state, with the idea in mind of seeing if, by affiliation or otherwise, the teaching programs of community hospitals might be improved so that more of them might obtain interns.

Philip G. Thomsen, *Chairman*
Glen E. Tomlinson
William E. Adams
George E. Irwin
William M. Lees
J. Robert Thompson
Edward N. Zinschlag

COMMITTEE ON RADIATION

The Committee on Radiation of the Illinois State Medical Society has had two productive meetings, gaining considerable information and background as to the purpose of this committee and also formulating recommendations for the House of Delegates.

Specifically recommended and accepted by the Board of Trustees was a moderate change in the mechanism and follow-up of malfunctioning x-ray equipment as monitored by the State Department of Public Health. We feel that this change will be much more effective than the prior recommendations.

There is under study of the committee two problems which may require action from the House of Delegates at a later time. There has been considerable discussion in various committees regarding the acceptance by the State of Illinois of delegated use of atomic energy by-products. The committee feels that this not only requires committee action but also legal advice which is forthcoming.

Many members of our Committee were cognizant of somewhat poor public relations in the use of signs and in general, information given to both patients and families regarding the use and dangers of radiation in hospitals. This matter is also being carefully studied and we would hope that at our next meeting in April more definitive recommendations can be given.

The Committee on Radiation hopes to present matters concerning radiation to the House of Delegates and also to act as a liaison between the State Department of Public Health and practicing physician in the State of Illinois. We feel that with careful considerations, any recommendation made to the House of Delegates will be in the best interest of the patient, the physician, and the governing bodies.

Howard C. Burkhead, *Chairman*
Carl E. Clark
Earl Barth
Stephen L. Casper
J. A. Crilly
Fred H. Decker
Robert Landauer, Ph.D.
Willard C. Smullen
Harvey White

COMMITTEE ON SCIENTIFIC EXHIBITS

At the 1962 Annual Meeting of the Society,

thirty-five exhibits were selected to be shown in the scientific exhibit area out of approximately forty-five applications received. In an attempt to increase traffic through the entire exhibit area, the scientific exhibits were placed throughout the technical exhibit area in blocks. However, at discussions held following the close of the meeting it was decided that this was not a satisfactory arrangement and the scientific exhibits will again be grouped together at the 1963 Annual Meeting.

The firm booth walls which were purchased by the Society some years ago, and which were furnished to exhibitors requesting them, were found to be in such poor condition that it was decided to discard them rather than add the expense of another year's storage. We plan to investigate with Mr. Boeck the cost of renting back and side wall panels for the booths as against the cost of purchasing new equipment.

At the present time twenty applications have been received for space at the 1963 Annual Meeting. We have, as usual, received the fullest cooperation from the Committee members, and from the staff of the Illinois State Medical Society Central Office.

Coye C. Mason, *Chairman* — J. A. Petrazio
Charles P. McCartney — Arkell M. Vaughn
Warner Newcomb — Leo M. Zimmerman
L. W. Peterson

TUBERCULOSIS COMMITTEE

The Tuberculosis Committee of the Illinois State Medical Society has held two meetings, October 23, 1962 and January 22, 1963. Interest of members and attendance at committee meetings has been exceptionally good.

This committee believes that considerably more effort should be put into bringing tuberculosis before all members of the medical profession so that they in turn will teach their patients more about the ever present menace of tuberculosis.

Papers dealing with various phases of tuberculosis control and diagnosis and treatment will be submitted to the *Illinois Medical Journal*. A close liaison has been established with the assistant editor and materials will be supplied to him for publication.

Continued thought and study relative to statutory requirements for tuberculin testing and x-ray examinations will be carried out. The committee feels that local ordinances are far better than state statutes.

A resume of the status of hospital admission chest x-ray examinations is being prepared by collecting data for 1962, from the larger hospitals at least.

A statement from this committee should be issued wherein the practitioners in various communities are praised for their wholehearted cooperation in tuberculin testing programs in their respective aeas. These men have contributed their services in the interest of community welfare.

It is advised that the recommendations of the Illinois Thoracic Society, be endorsed, namely: That if physicians feel that they must be paid for participation in tuberculin testing programs, the charge should not exceed twenty dollars for the first hour and ten for subsequent hours.

We believe that the recommendations made by our Committee in 1962 and approved by the House of Delegates, should be re-endorsed and emphasized again in the Journal.

The Child Health Committee under the chairmanship of Doctor Kundstadter has been most helpful in our deliberation.

Another meeting of this Committee will be held in March to amend the final report if necessary.

Charles K. Petter, *Chairman* — Bernard J. Klein
William E. Adams — Charles A. Lang
Otto Bettag — David Loewen
William J. Bryan — E. A. Piszczek
Clifton F. Hall — Darrell H. Trumpe
George Holmes — George C. Turner

RESOLUTIONS

RESOLUTION NO. 63-1

INTRODUCED BY: Jackson County Medical Society
SUBJECT: Good Samaritan Laws
REFERRED TO: Reference Committee on Economics and Legislative Activities

WHEREAS, most physicians hesitate to render first aid in cases of emergencies in locations outside of hospitals and their offices, because of potential malpractice civil liablity; and

WHEREAS, if protection against civil liability suit could be prevented by statute (Good Samaritan Laws), physicians would be less hesitant to provide care in cases of medical emergencies; now therefore be it

RESOLVED, that Jackson County Medical Society go on record and urge the Illinois State Medical Society to take all action necessary to implement the enaction of a "Good Samaritan Law" by the current session of the State Legislature.

RESOLUTION NO. 63-2

INTRODUCED BY: Champaign County Medical Society
SUBJECT: Citizenship Requirement for ISMS Membership
REFERRED TO: Reference Committee on Constitution and Bylaws

WHEREAS it is mandatory for any physician who desires to become a member of his County Medical Society, that said member should be acceptable for membership in the Illinois State Medical Society; and

WHEREAS at the present time, in order to be eligible for, and hold membership in the Illinois State Medical Society, a physician must be a citizen of the United States; and

WHEREAS the waiting period for membership for foreign physicians is five years; and

WHEREAS any physician acceptable to his local community and who has been granted a license to practice medicine in the State of Illinois, but who is not a member of his County Medical Society, finds himself handicapped in several aspects, particularly in that of obtaining malpractice insurance and in being eligible for full memberships on local hospital staffs, now therefore, be it

RESOLVED that the members of the Champaign County Medical Society, at their regular meeting in January, 1963, respectfully request that the House of Delegates of the Illinois State Medical Society, at their next meeting, give serious consideration to modificaton of the requirement for membership in the Illinois State Medical Society as regards the American citizenship of an applicant.

RESOLUTION NO. 63-3

INTRODUCED BY: Will-Grundy County Medical Society
SUBJECT: Citizenship Requirement for ISMS Membership
REFERRED TO: Reference Committee on Constitutions and Bylaws

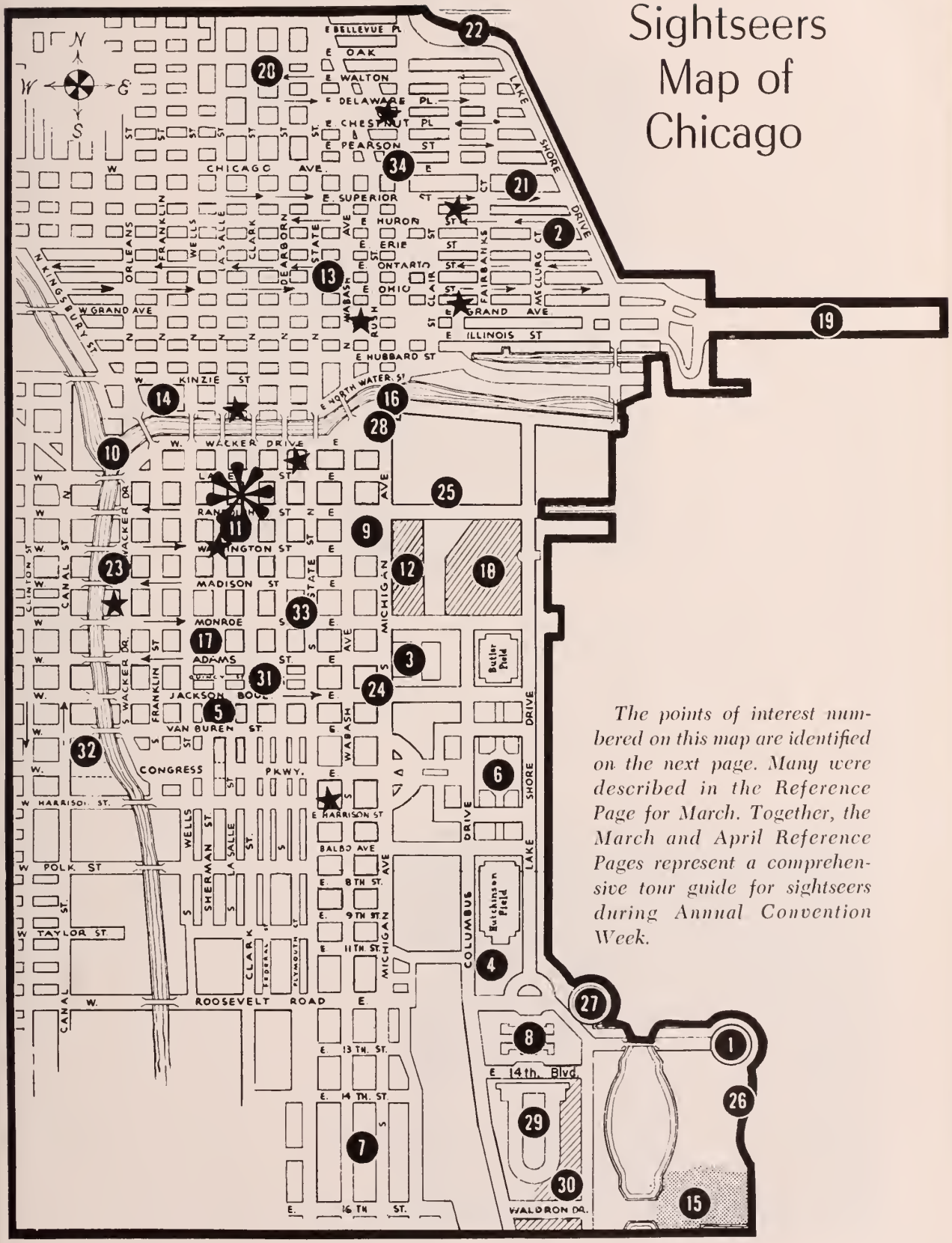
WHEREAS, the Illinois State Medical Society wishes to provide aid in obtaining physicians for Illinois communities, and wishes to help the physicians obtain hospital appointments, adequate malpractice insurance, etc.; and

WHEREAS, currently many of these physicians are handicapped in the above respects because of a waiting period for full citizenship; and

WHEREAS, the State of Illinois permits the licensing of physicians with "first papers" for citizenship providing they are otherwise qualified, now therefore, be it

RESOLVED, that the Illinois State Medical Society change its Constitution and Bylaws to permit the admission to membership of any licensed physician, providing he is otherwise qualified, without the requirement of full citizenship.

Sightseers Map of Chicago



The points of interest numbered on this map are identified on the next page. Many were described in the Reference Page for March. Together, the March and April Reference Pages represent a comprehensive tour guide for sightseers during Annual Convention Week.

Legend to Sightseers Map of

DOWNTOWN CHICAGO

1. Adler Planetarium
2. American Furniture Mart
3. Art Institute
4. Band Shell
5. Board of Trade (observation tower)
6. Buckingham Fountain
7. Chicago Coliseum
8. Chicago Natural History Museum
9. Chicago Public Library
10. Chicago River
11. City Hall and County Bldg.
12. Grant Park Garage (underground)
13. Medinah Temple
14. Merchandise Mart
15. Merrill C. Meigs Airport
16. Michigan Ave. Bridge (waterfront boat crusies)
17. Midwest Stock Exchange
18. Monroe Street Parking Lot
19. Navy Pier
20. Newberry Library
21. Northwestern University Medical School
22. Oak Street Beach
23. Opera House
24. Orchestra Hall
25. Prudential Bldg. (observation tower)
26. Roosevelt Road Beach
27. Shedd Aquarium
28. Site of Original Fort Dearborn
29. Soldier Field
30. Soldier Field Parking Lot
31. U. S. Courthouse
32. U. S. Post Office
33. Visitor's Bureau — Chicago Association of Commerce
34. Water Tower

★Municipal Parking Lots

*Sherman House — Convention Headquarters

The View Box

LEON LOVE, M.D., *Chicago*



FIGURE 1

This 67-year-old, white male entered the hospital with a five-day history of obstipation and intermittent abdominal pain. There was no vomiting, but he experienced nausea. He stated that he had had occasional cramping pains and diarrhea over the past three months, and he had lost 10 pounds.

Physical examination revealed the heart to be somewhat enlarged with a blood pressure of 200/130. The abdomen was somewhat distended and occasional high pitched bowel sounds were heard. Generalized tenderness was elicited.

From the Cook County Hospital

(continued on page 444)

What is your diagnosis?

1) Superior mesenteric thrombosis
2) Large bowel obstruction — sigmoid
3) Acute pancreatitis
4) Paralytic ileus from ruptured appendicitis

FIGURE 2

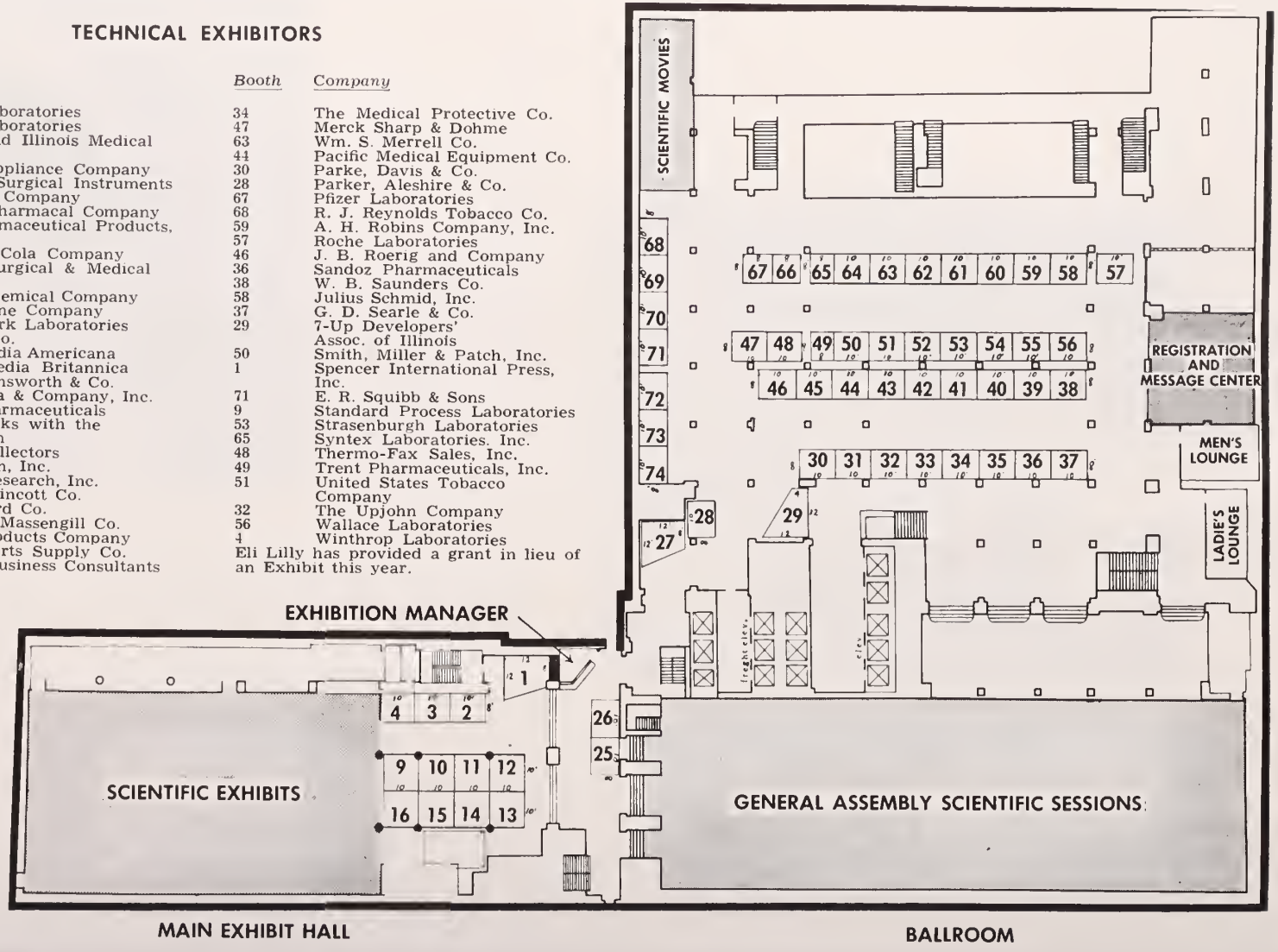


Sherman House Guide To Convention Exhibits

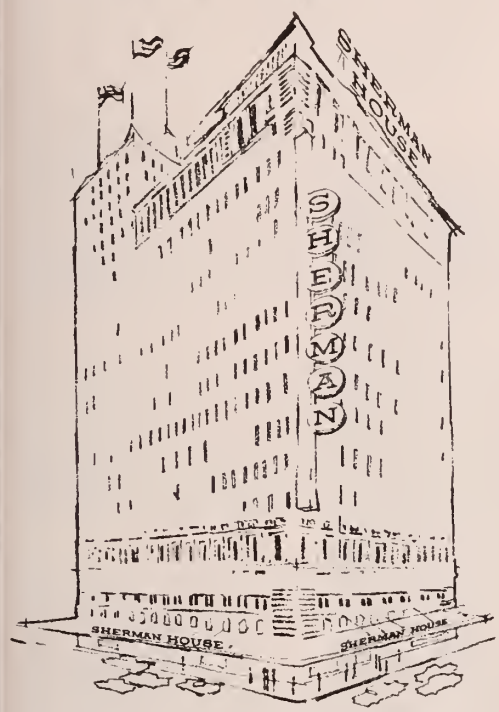
TECHNICAL EXHIBITORS

Booth	Company
52	Abbott Laboratories
41	Ayerst Laboratories
27	Blue Shield Illinois Medical Service
26	Brooks Appliance Company
42	Cameron Surgical Instruments
43	Carnation Company
45	Chicago Pharmacal Company
54	Ciba Pharmaceutical Products, Inc.
12	The Coca-Cola Company
72, 73, 74	Daniels Surgical & Medical Supplies
55	Desitin Chemical Company
31	The Dietene Company
66	Edison Park Laboratories
62	Eisele & Co.
64	Encyclopedia Americana
35	Encyclopaedia Britannica
25	M. G. Farnsworth & Co.
60	E. Fougera & Company, Inc.
39	Geigy Pharmaceuticals
61	Great Books with the Syntopicon
10	Illinois Collectors Association, Inc.
70	Jacuzzi Research, Inc.
2	J. B. Lippincott Co.
13	P. Lorillard Co.
69	The S. E. Massengill Co.
33	Medco Products Company
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FIGURE 3

Diagnosis is sigmoid obstruction due to carcinoma.

Figure 1 reveals distension of multiple loops of small bowel and gas seen in a small hyper trophied thick-walled cecum, transverse colon, and descending colon.

Figure 2 (lateral decubitus) reveals long air fluid levels in the right colon and in the descending colon. The tumor mass is seen immediately below the fluid level of the descending colon.

The radiographic appearance of large bowel obstruction will depend on the competency or incompetency of the ileo-cecal valve. If the valve is competent, then one notes the classical picture of a markedly distended, thin-walled cecum, with decreasing size of the lumen of a bowel as it approaches the obstruction of the sigmoid. Most frequently this will be accompanied by a secondary small bowel obstruction, due to the tight ileo-cecal valve and fluid-filled cecum. If the cecum distends over 9 cm. on the radiograph, the danger of perforation is increased.

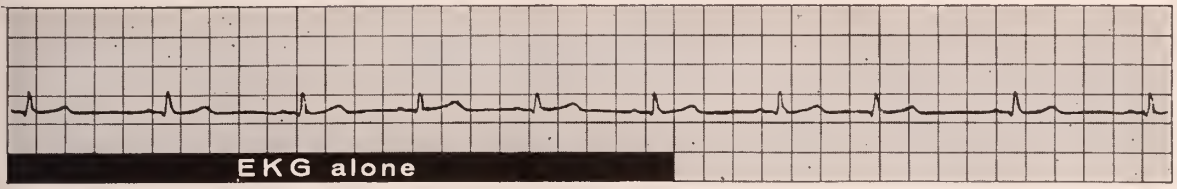
However, if the ileo-cecal valve is incompetent (up to 25% of the cases) then the large bowel has the ability to decompress itself, by passing the excess obstructed gas back into the small bowel through the incompetent valve. This gives the cecum an opportunity to hypertrophy, rather than to thin out and distend as it continues to work against the obstruction. Our case illustrates this finding. At cecostomy, the cecum was found to be extremely thickened. The patient had an abdominal perineal for carcinoma of the sigmoid one month later.

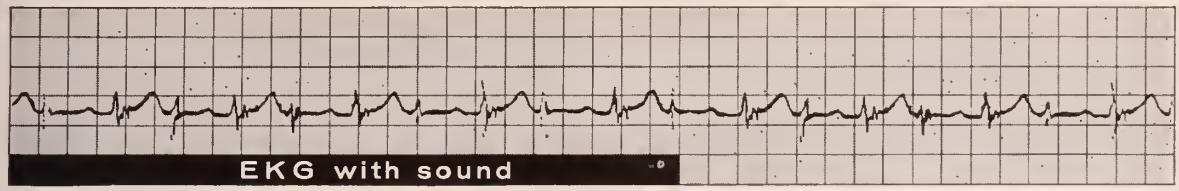
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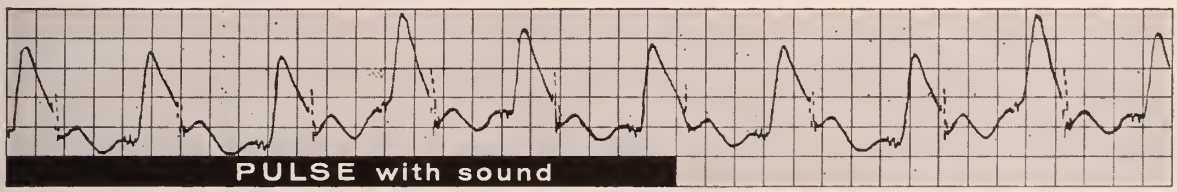
1. Love, Leon: The Role of the Ileo-Cecal Valve in Large Bowel Obstruction. Radiol. 75:391-398 (September), 1960.

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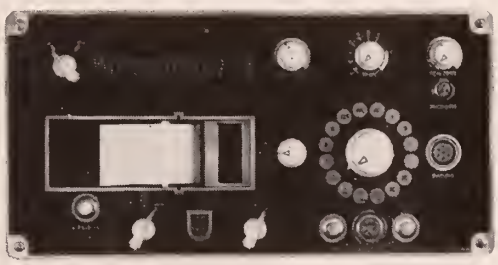






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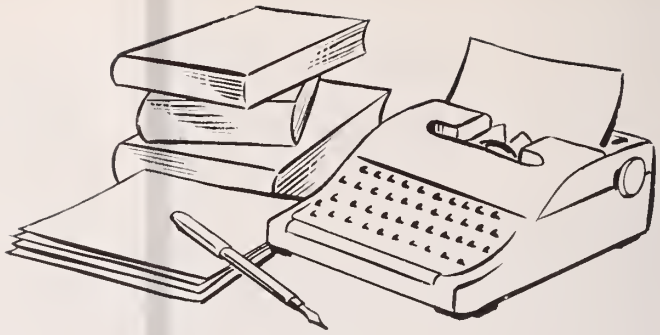


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Editorials

Miami Musings

More than 1,000 physicians and attorneys attended the National Medico-legal Symposium in Miami Beach last month. It was sponsored by the American Medical Association and approximately 40 per cent of the registrants were lawyers. Your editor thoroughly enjoyed this biennial meeting.

Dr. Harold Rosen opened the meeting with a discussion of the Medico-legal pitfalls of hypnosis. The lesson is to know the mental status of the patient before resorting to hypnosis. Mr. John F. Horty, a Pittsburgh attorney, next made the point that the physician had little legal recourse when denied an appointment to the staff of a private hospital but was entitled to greater protection from the courts when he joined the staff of a public hospital. He could not be denied the use of the facilities of a public hospital to treat his patients for arbitrary, capricious, or absurd reasons. Private hospitals in general, may admit whom they will to use their facilities and they may exercise almost unlimited discretion in withdrawing staff privileges.

When Mr. Horty is confronted with a physician who is not reappointed to the staff, he wants to know why and by whom. All too often it stems from his competitors. If an obstetrician is not wanted make sure that charges are preferred by staff members who are not obstetricians. It removes the element of petty jealousy and competition. Public hospitals must adopt more reasonable rules which are not arbitrary or discrimatory so long as they conform with the interest, safety, and welfare of the public.

A trial vignette was held at the end of each session to demonstrate the behavior of lawyers and physicians in court. Some of the best legal and medical brains were obtained for this purpose; one case involved traumatic neurosis resulting from fright, another was a trial involving a defendent with traumatic heart disease. Several brief trial scenes were presented at the end of the meeting with the physician on the witness stand. They were designed to demonstrate the pitfalls and traps that the informed physician can easily avoid.

We learned that the medico need not be frightened and to testify solely to the medical facts in the case. In addition he should worry less about the specific questions and concentrate more on theory and general attitude. And above all he should never agree to accept compensation for services contigent upon the litigation.

Dr. George E. Schreiner of Washington, D.C. told the audience that a clinical investigator walks where others fear to tread, works in a difficult area, and must take full responsibility for his profession decisions as well as a full recognition of his parascientific obligations. The medical researcher is on a legal limb because of the inherent dangers associated with his work. He should never do this type of work without being thoroughly familiar with the directions of the Food and Drug Administration.

T. R. Van Dellen, M.D.



How NALLINE helps to keep the lid on drug addiction in California

of the narcotic antagonist NALLINE, as a test of addiction, ificantly curtailed illicit narcotic traffic in Alameda County, a. In penal terms alone, three years after the institution of using NALLINE, prison admissions for addiction had dropped 7% of total admissions to 4.4%.[1]

was given to persons suspected of addiction and to addicts dition of probation or parole.

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1. Brown, T. T.: The Enigma of Drug Addiction, Springfield, Ill., Charles C Thomas, 1961, pp. 287-334. 2. Chesnick, R. D.: Med. Times 90:247 (March) 1962. 3. Narcotic Addiction Symposium: New York Med. 18:562 (August 20) 1962.

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Indifference to TB— a Challenge

Lethargy — ignorance — indifference — are the factors which continue to undermine the continuing fight against tuberculosis. The following letter reminds every physician of his sacred duty to personally combat these forces. Written by James H. Hutton, M.D., past president of ISMS and long-recognized leader in the fight against tuberculosis in Illinois, it is a CALL TO ACTION for all of us.

February 26, 1963

Dr. Charles K. Petter
Waukegan, Illinois

Dear Dr. Petter:

The January issue of the *Challenge*, a monthly publication put out by the Tuberculosis Institute of Chicago and Cook County, quotes Dr. Samuel Andelman, Commissioner of Health of Chicago, as saying that **tuberculosis deaths in Chicago in 1962 were running higher than in 1961.** Dr. Walter C. Bornemeier, President of the Tuberculosis Institute, was quoted in the press as saying (referring to Dr. Andelman's statement) that **if any other contagious disease caused as many deaths (300 in 1961) and infected as many people (2737 new cases in 1961) it would be regarded as a serious major epidemic.** Why don't we so regard it in the case of tuberculosis?

A few weeks ago I remarked to one of Chicago's topflight surgeons that something ought to be done about tuberculosis. His reply was, "What are you talking about? **The tuberculosis problem was licked a long time ago.**" He was by no means an ignorant man and the chances are that a great many, perhaps most, private practitioners feel as he does.

Shortly after my conversation with this surgeon, a nonmedical man said to me that the preceding day he had found out that a man had just died of tuberculosis. He was surprised because he thought no one died of tuberculosis nowadays! This man was in his early fifties, well educated, president of a corporation. Isn't it likely that many — perhaps most — lay persons feel the same way?

In 1961 Chicago had 25 cases of polio with three deaths. The newspapers, radio and television kept us constantly informed of the situation. **During the same year Chicago had 300 tuberculosis deaths and 2737 new cases. And none of the public information agencies did more than merely mention it.**

The Ad Hoc Committee has interviewed representatives of the TV stations in Chicago, the science writers of the four loop papers and the editors and publishers of the smaller neighborhood papers. None of these fine people could tell us why this was so except that tuberculosis had no public appeal. Some of them felt that it should be dramatized. That should be one of the easiest things to do. A mere recital of the facts surrounding a tuberculosis victim and his family should be quite dramatic.

Take the twenty-odd kids who were dragged out of Chicago's public schools because they had open cases of tuberculosis. Where did they get tuberculosis? What did the discovery do to the kids and their families? Did we ever find the source of their infection?

Who should alert the public — the medical society — laymen who are familiar with the situation? Certainly the sad plight we are in now is a challenge to every physician. Would we not improve the public image if we intensified our efforts and persuaded the laity to join us in alerting every one to the true state of affairs?

The indifference to tuberculosis is nationwide as evidenced by the amount of money appropriated by Congress to fight this disease.

	1962	1963
Tuberculosis	$ 6,493,000	$ 6,993,000
Venereal Disease	6,000,000	8,000,000
Cancer	147,836,000	155,742,000
Heart Disease	132,912,000	147,398,000

All of this seems to me to call for an intensification of our campaign to eradicate tuberculosis.

Cordially yours,
James H. Hutton, M.D.

Dr. Petter is Chairman, Tuberculosis Committee, Illinois State Medical Society.

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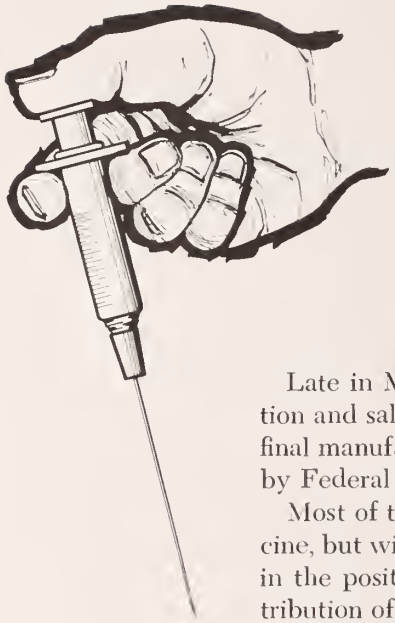
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Measles Vaccine

Norman J. Rose, M.D., *Springfield*

Long Awaited, Now a Reality

Late in March the Public Health Service approved Commercial Production and sale of two new types of measles vaccine-killed and live virus. The final manufacturing regulations have been published, followed on March 18 by Federal licensing of manufacturers to produce the vaccine.

Most of the leading manufacturers are working on both types of the vaccine, but with emphasis on one or the other, so that some companies will be in the position to apply for licensure for manufacture and immediate distribution of the killed and others for the live virus vaccine. Other companies indicate that they will not apply for a license until early fall. Indications are that the killed type will be given in three doses — two doses injected one month apart followed by a booster dose six months later. The chief advantage of the killed type is that it produces almost no side affects.

The live virus vaccine is given in a single injection together with an injection of human gammaglobulin which has been titrated from measles antibody. The antibody content of the gammaglobulin must be so that it will not prevent development of the recipient antibodies nor of such low antibody content to permit the symptomatology (rash and fever) associated with the live virus vaccine. The chief advantage of the live virus vaccine as claimed by its proponents is that it can produce more potent disease fighting antibodies than the killed virus, and with a single injection. Its disadvantage is the side effects which develop when given without gammaglobulin.

At least one of the live virus manufacturers has been reported as trying a different approach. Viruses in their vaccine are weaker than those in other vaccines and tests of this vaccine in about 2,000 New York City children were reported to cause as few side effects as the ordinary live vaccine when given in conjunction with gammaglobulin. This latter type, if it confers the same long lasting immunity as the stronger live virus vaccine, would be the most nearly ideal vaccine since it would presumably confer immunity without the necessity for gammaglobulin to prevent side effect. It is expected that the Public Health Service will issue recommendations on the use of the two vaccines, with contraindications in certain groups for one type or the other, and on dosage schedules.

Chief of Epidemiology, Illinois Department of Public Health.



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SCENES SUCH AS THESE in new ISMS film graphically demonstrate 3-stage rehabilitation program of stroke patients.

From Limbo To Life

"Stroke — Early Restorative Measures in Your Hospital," a new film produced by the ISMS Committee on Aging in cooperation with the Illinois Department of Public Health, is now available. It is directed toward physicians in all general hospitals regardless of size.

The 20 minute 16mm. color, sound film illustrates simple and effective methods and devices used in rehabilitation of stroke patients. The content of the film emphasizes early management and procedures in the rehabilitation of the stroke patient which should be instituted immediately upon admission to the general hospital.

Its primary purpose is to inform physicians and nurses and to stimulate action and interest in all hospitals. Once interest in aroused, additional details for treating stroke patients may be acquired easily through more detailed publications or study courses.

The film illustrates a program of constructive rehabilitation which progresses through three stages: (1) Proper Positioning; (2) Transfer Activities and Early Ambulation; (3) Training for Self Care. It indicates how these major steps can be conducted in any hospital, however small, using a minimum of equipment by any interested nurse who will become conversant with the procedures and functions of a rehabilitation nurse. Training courses of three to four weeks are available for nurses at more than a dozen centers throughout the United States. The Illinois Department of Public Health has funds available to cover tuition, travel and living expenses for nurses attending these courses.

Employment of the film's methods to prevent deformities, forestall psychological invalidism, and rescue stroke victims from unwarranted exile in institutions, returning them from limbo to life.

The motion picture is part of an ongoing program of the Committee on Aging to foster improved care of stroke victims. It cannot be emphasized too strongly that the restorative measures demonstrated in the film can be employed in every hospital in Illinois regardless of size.

Copies of the film may be obtained for viewing without charge by writing the Committee on Aging, Illinois State Medical Society, 360 North Michigan Avenue, Chicago 1, Illinois.

The 16mm. sound color film is 20 minutes long and copies may be purchased for $125.00.



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Hope now, where there was no hope. Drugs which help now, where there were no known drugs which helped—even five years ago. Independent drug research is continuing in this vital area. But, should it be discontinued because the cost must somehow be reflected in the ultimate price of the new drug—if it is to be discovered? Or should the sign read, as it has throughout time in overcrowded mental institutions: "NO VACANCIES."

*U.S. Department of Health, Education and Welfare, Public Health Service Publication No. 813.

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Angiography in Strokes

Carotid and vertebral angiograms following stroke are becoming almost too fashionable. It is obvious that they should not be employed routinely and only if surgical intervention is contemplated when the indication presents itself. Let us not forget clinical judgment which in many instances serves well to differentiate hemorrhage, embolism, and thrombosis.

Cerebral thrombosis is the cause of 50 per cent of cerebrovascular accidents. It can involve any artery but only the subclavian, innominate, common carotid, internal carotid, and the lower vertebral are amenable to surgery. Arteriography is indicated when the clinical findings such as a bruit over the corotid artery, the lack of certain pulses, and measurement of the pressure in the central retinal artery by ophthalmodynamometry indicate an occlusion in the neck. A history of monocular blindness also is suggestive.

But there is no need in making an angiograph if 12 hours has elapsed because the benefits from surgical correction after this period are questionable.

Cerebral embolism is responsible for 25 per cent of strokes. Surgery is contemplated only with the idea of removing a plug that is arrested at the bifurcation of the common carotid in the neck. This is uncommon but immediate arteriography is indicated when there is loss of the superficial-temperal-artery pulse.

Angiography is seldom indicated for intracerebral hemorrhage associated with hypertension. Twenty per cent of all strokes are caused by bleeding and 75 per cent of these are fatal. Surgical intervention is done occasionally when there are obvious changes for the worse.

Approximately five per cent of cerebrovascular accidents are caused by the rupture of an aneurysm. Surgical treatment is of value and therefore angiography is indicated. It must be emphasized again that a neurological surgeon must be available to follow through when the diagnosis is made.

Angiography also is recommended when the circumstances associated with the stroke are unknown. The procedure is done for example to rule out subdural hematoma or brain tumor.

T. R. Van Dellen, M.D.

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A new rayon and polyurethane dressing which promises to revolutionize the care of wounds has been announced by Johnson & Johnson, New Brunswick, N.J. Because of its unique ability to draw exudates away from wound surfaces, keeping them relatively dry, the new dressing will be marketed under the name **Drisite.**

The dressing consists of absorbent rayon fibers sandwiched between polyurethane foam, affording protection which cotton gauze does not give.

Polyurethane foam is non-toxic, non-irritating and readily susceptible to sterilization. It is wholly stable and inert, non-reactive to body chemistry. An additional important quality is that the foam retains resiliency. To give Drisite its unique absorbency, the polyurethane foam is backed with a layer of carded surgical rayon. By means of a pattern of barbed needles the rayon is drawn through the foam, so that the working surface of the dressing is literally dotted with tiny surgical rayon loops — one hundred or more to the square inch.

In use, these rayon dots react exactly like the wick of a lamp, drawing fluids and exudates away from the wound surface, through the foam, and diffusing them through the rayon interior of the dressing. The tiny rayon punctures also tend to aerate the wound, which helps to hasten healing.

Because of the greater degree of dryness on wound areas, Drisite can be left in place longer than cotton gauze, thus reducing the need for dressing change and saving the time of nurses and doctors.

Initially, Drisite is being made in three sizes — three by two, six by three, and eight by three inches. The dressing is flesh-colored.

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with STEP-BY-STEP reduction (no sudden drops[1-4]) of elevated blood pressure ☐ relief of associated headache,[3,4] dizziness,[2-4] edema,[2-5] anxiety and tension[1] ☐ simplified dosage (twice daily)...long-term economy

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References: (1) Ernst, E. M.: Current Therap. Res. **3**:167, 1961. (2) Starling, R. J.: J.M.A. Georgia **50**:442, 1961. (3) Sprogis, G. R.: Current Therap. Res. **3**:393, 1961. (4) Coffee, H. L.: Clin. Med. **69**:1561, 1962. (5) Mattey, W. E.: Indust. Med. **31**:33, 1962.

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(chloramphenicol, Parke-Davis)

for established clinical efficacy against susceptible organisms[1-14]

In Friedlander's Pneumonia[3,13] • In *Hemophilus Influenzae* Pneumonia[3,4,13,14] • In Staphylococcal Pneumonia[1-8,13] • In Acute Epiglottitis[4,10,11] • In Pneumonias Due to Gram-negative Bacilli[9] • In Staphylococcal Empyema[12]

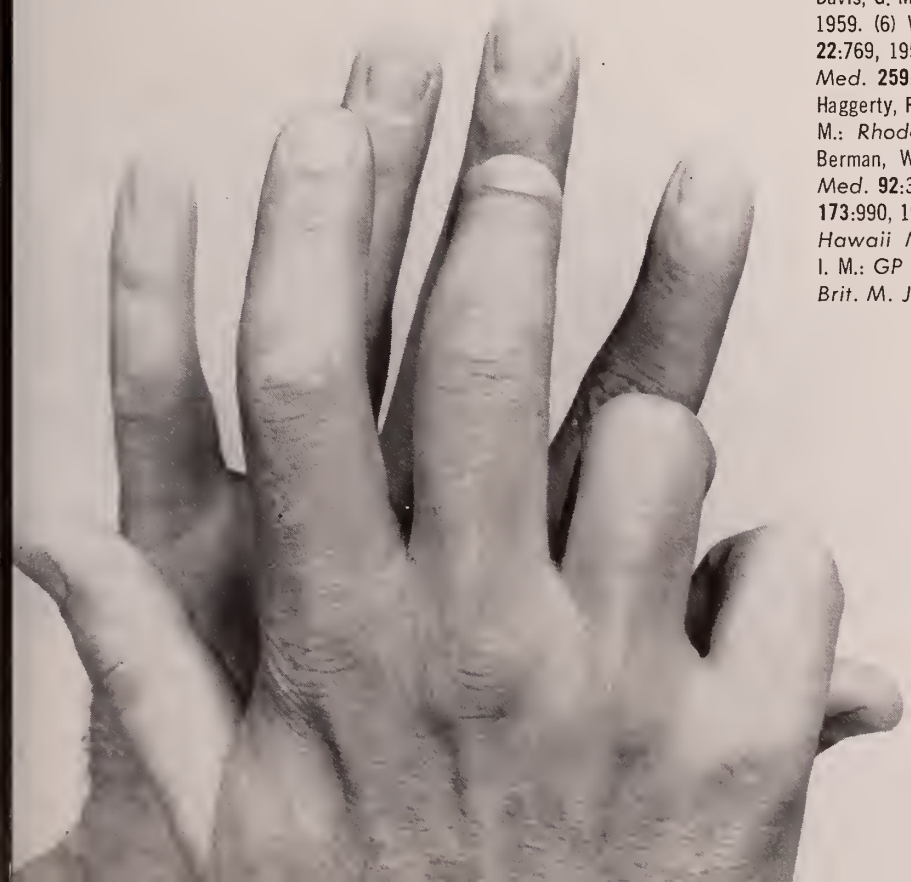
CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in various forms, including Kapseals® of 250 mg., in bottles of 16 and 100. See package insert for details of administration and dosage.

Warning: Serious and even fatal blood dyscrasias (aplastic anemia, hypoplastic anemia, thrombocytopenia, granulocytopenia) are known to occur after the administration of chloramphenicol. Blood dyscrasias have occurred after both short-term and prolonged therapy with this drug. Bearing in mind the possibility that such reactions may occur, chloramphenicol should be used only for serious infections caused by organisms which are susceptible to its antibacterial effects. Chloramphenicol should not be used when other less potentially dangerous agents will be effective, or in the treatment of trivial infections such as colds, influenza, or viral infections of the throat, or as a prophylactic agent.

Precautions: It is essential that adequate blood studies be made during treatment with the drug. While blood studies may detect early peripheral blood changes, such as leukopenia or granulocytopenia, before they become irreversible, such studies cannot be relied upon to detect bone marrow depression prior to development of aplastic anemia.

References: (1) Thacher, H. C., & Fishman, L.: *J. Maine M. A.* **52**:84, 1961. (2) Hopkins, E. W.: *Postgrad. Med.* **29**:451, 1961. (3) Hall, W. H.: *M. Clin. North America* **43**:191, 1959. (4) Krugman, S.: *Pediat. Clin. North America* **8**:1199, 1961. (5) Ede, S.; Davis, G. M., & Holmes, F. H.: *J.A.M.A.* **170**:638, 1959. (6) Wolfsohn, A. W.: *Connecticut Med.* **22**:769, 1958. (7) Calvy, G. L.: *New England J. Med.* **259**:532, 1958. (8) Hendren, W. H., III, & Haggerty, R. J.: *J.A.M.A.* **168**:6, 1958. (9) Cutts, M.: *Rhode Island M. J.* **43**:388, 1960. (10) Berman, W. E., & Holtzman, A. E.: *California Med.* **92**:339, 1960. (11) Vetto, R. R.: *J.A.M.A.* **173**:990, 1960. (12) Sia, C. C. J., & Brainard, S. C.: *Hawaii M. J.* **17**:339, 1958. (13) Rosenthal, I. M.: *GP* **17**:77 (March) 1958. (14) Gaisford, W.: *Brit. M. J.* **1**:230, 1959.

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Tetracycline Lederle

ACHROMYCIN Ophthalmic Oil Suspension 1% instills tetracycline at full potency in liquid form at the site of superficial ocular infections. Highly concentrated broad-spectrum activity is localized at the site of infection, with a minimal occurrence of patient intolerance or tissue toxicity. Susceptible organisms are controlled earlier and more effectively.

Also available: ACHROMYCIN Eye and Ear Ointment 1% • ACHROMYCIN Ophthalmic Ointment 1% with Hydrocortisone 1.5% • ACHROMYCIN Ophthalmic Powder (Sterilized 25 mg., with sodium chloride 62.5 mg., and sodium borate 25 mg.)

When oral therapy is indicated

ACHROMYCIN® V

Tetracycline HCl with Citric Acid Lederle
Capsules—250 mg., 100 mg.



Request complete information on indications, dosage, precautions and contraindications from your Lederle representative, or write to Medical Advisory Department.

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(Salts of Dihydrohydroxycodeinone and Homatropine, plus APC)

In a comprehensive range of indications marked by moderate to moderately severe pain, PERCODAN *assures speed, duration, and depth of analgesia by the oral route... acts within 5 to 15 minutes... usually provides uninterrupted relief for 6 hours or longer with just 1 tablet... rarely causes constipation.*



Formula—Each scored yellow PERCODAN* Tablet contains 4.50 mg. dihydrohydroxycodeinone HCl (Warning: May be habit-forming), 0.38 dihydrohydroxycodeinone terephthalate (Warning: May be habit-forming), 0.38 mg. homatropine terephthalate, 224 mg. acetylsalicylic acid, 160 mg. acetophenetidin, and 32 mg. caffeine. Also available: PERCODAN®-DEMI, containing the complete PERCODAN formula but with only half the amount of salts of dihydrohydroxycodeinone and homatropine. Both products are on oral Rx in all states where laws permit. **Average Adult Dose**—1 tablet every 6 hours. **Side Effects and Contraindications**—Although generally well tolerated, PERCODAN may cause nausea, emesis, or constipation in some patients. PERCODAN should be used with caution in patients with known idiosyncrasies to acetylsalicylic acid or acetophenetidin and in those with blood dyscrasias. *Literature on request.* **ENDO LABORATORIES Richmond Hill 18, New York**

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Relieves Anxiety and Anxious Depression

The outstanding effectiveness and record of safety with which Miltown relieves anxiety and anxious depression — the type of depression in which either tension or nervousness or insomnia is a prominent symptom — has been clinically authenticated time and again during the past seven years. This, undoubtedly, is one reason why physicians still prescribe meprobamate more often than any other tranquilizer in the world.

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Usual dosage: One or two 400 mg. tablets t.i.d.
Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets; bottles of 50. Also as MEPROTABS® – 400 mg. *unmarked*, coated tablets; and in *sustained-release* capsules as MEPROSPAN®-400 and MEPROSPAN®-200 (containing respectively 400 mg. and 200 mg. meprobamate).

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1. Acts dependably — without causing ataxia or altering sexual function
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PULSE of the Illinois State Medical Society

and Illinois Auxiliary News

April, 1963 *Illinois Medical Journal*

Medical-Legal Seminar, Mock Trial Highlight Convention Program

In addition to presenting a program of clinical note, the ISMS Annual Convention, May 12-16, will feature a Medical-legal Seminar co-sponsored by the Committee on Impartial Medical Testimony and the Fellows of the Society's Educational and Scientific Foundation.

The breakfast and seminar, beginning at 8:00 a.m., Thursday, May 16, will aim at a full explanation of the facets of Impartial Testimony and will also feature as a guest speaker Mr. Thomas J. Hoehn, Vice-President and Secretary of the Medical Protective Company.

A "mock trial" will be preceded by explanatory remarks on IMT use in Illinois courts by Samuel Levinson, M.D., Chairman of the IMT Committee and by Mr. Justice Robert E. English, of the Appellate Court of Illinois.

The trial vignette will be "Liability for Damages Resulting from Accidental Carbon Tetrachloride Intoxication." Facts will be drawn from a case actually tried under the IMT program.

Participants in the trial demonstration will include Clement Martin, M.D., as physician for the plaintiff and Jacob S. Golden, M.D. as the Impartial Medical Expert, testifying for the court.

Lawyers Jerome Brooks for the defense and William McKenna for the plaintiff will be the legal opponents. Both are members of the Chicago Bar Association Medical-legal Committee.

The jurist who will "hear" the case is the Honorable Jacob Berkowitz of Mattoon.

Registration for the half-day program and breakfast is $5. Advance registration may be made to the ISMS Foundation, 360 North Michigan, Chicago 1, Illinois.

ISMS Announces New Weekly Radio Series

A new, five-minute radio series, written and produced by ISMS, will makes its debut on a number of Illinois radio stations on or about May 1. The series will be known as "Medical Interview."

Produced in the interest of public service, "Medical Interview" will be moderated by a member of the ISMS public relations staff and feature interviews with prominent physicians on a variety of timely subjects.

New Slide Presentation Available to Counties

Do you know what your state medical society does for you . . . how your annual dues are utilized . . . what services ISMS provides?

Answers to these and other significant questions are contained in a new, 30-minute ISMS slide presentation currently available to county societies.

The presentation, narrated by an ISMS officer and staff member, is titled "You Pays Your Dues and What Do You Get?" It illustrates, via 65 colorful slides, the fascinating story behind ISMS activities, including a breakdown of all incomes and expenditures.

As the newest feature of the ISMS "visitation" program, "You Pays Your Dues . . ." has proved so popular that more than 30 county societies have requested it to date.



MORE THAN 2,700 PHYSICIANS from the Chicago area and the midwest attended the Chicago Medical society's annual clinical conference March 4-8 at the Palmer house. Among the distinguished guests were Edward Annis, M.D., second from right, president-elect of the American Medical Associatian. He is welcomed here by Casper Epsteen, M.D., CMS president, as Charles Weigel, M.D., River Forest, second from left, and Harlan English, M.D., Danville, ISMS president-elect, look on. Dr. Weigel, a member of the ISMS public relations committee, served on the registration committee for the CMS conference.

35th Annual Convention Woman's Auxiliary



Mrs. Wendell Roller,
ISMS President

REGISTRATION

Lobby—Sherman House
Monday, May 13 . . . . . 12 Noon-5:30 p.m.
Tuesday, May 14 . . . . . 8:00 a.m.-4:00 p.m.
Wednesday, May 15 . . . . . 8:00 a.m.-4:00 p.m.



Mrs. Matthew Uznanski,
ISMS President-Elect

PROGRAM

Monday, May 13

Unless otherwise noted all meetings will be held in the George Bernard Shaw Room, Sherman House

Formal Opening 2:30 p.m.
Mrs. Wendell F. Roller, President, Presiding

Tuesday, May 14

Continental Breakfast 8:30 a.m.
Reports By State Committee Chairman 9:15 a.m.
Table Discussions 10:30 a.m.
"Power Unlimited" 11:30 a.m.
Mrs. C. Rodney Stoltz, President-Elect, Woman's Auxiliary, to the American Medical Association
Open House 2 p.m.-4 p.m.
President's Suite
Night Out "On the Town" 6:30 p.m.
Tour leaving from the Sherman House includes Chuck Wagon Dinner at the Blackhawk, visit to Tip Top Tap, show at Blue Angel, show at Empire Room

Wednesday, May 15

Parliamentary "How to Do It" 9:00 a.m.
Reports of County Presidents 9:45 a.m.
"Nutritional Nonsense" 11:30 a.m.
Frederick J. Stare, M.D., Chairman, Department of Nutrition, Harvard University School of Public Health
President's Luncheon and Fashion Show 1:00 p.m.
Chippendale Room, Ambassador West Hotel
Fashions by Georgiana Jordan
Annual Dinner of Illinois State Medical Society 6:00 p.m.

Thursday, May 16

Meeting of the House of Delegates 9:00 a.m.
Election of Officers and Delegates
"The Doctor's Wife"
E. T. Edwards, M.D., Vincennes, Indiana
Installation Luncheon 1:00 p.m.
Sherman House
"What's So Funny About Practicing Medicine"
Russell B. Roth, M.D., Erie, Pennsylvania



Frederick J. Stare, M.D.
Harvard University



Mrs. C. Rodney Stoltz,
AMA President-Elect



Russell B. Roth, M.D.
Erie, Pennsylvania

In response to a need long felt in Illinois, a special Committee has been formed under the chairmanship of Emmet Pearson, M.D., Springfield. Acting under a directive of the Board of Trustees, the Committee is investigating the possibilities of establishing a medical museum under the auspices of the Illinois State Medical Society.

The State of Illinois has purchased the old State Capitol Building in Springfield, now being used as a courthouse and will convert it into a general state historical library and offices of the State Historical Library. Many voluntary organizations, such as the State Medical Society, will be assigned certain areas in this building, according to Dr. Pearson.

"Doctors may discover appropriate items to be assembled and displayed and are encouraged to



PROPOSED SITE for an Illinois Medical Museum is the old State Capitol in Springfield, shown here in a picture taken near the turn of the century.

ISMS COMMITTEE GOAL--
Illinois Medical Museum

contribute time, artifacts, money and enthusiastic support to the project," said Dr. Pearson.

Individual members of the Society have often shown an interest in medical history. The present Committee on Archives under the chairmanship of Dr. Paul Youngberg has long sought preservation of medical memorabilia. The Society undertook the writing and publication of a two volume Medical History of Illinois in 1950.



DOCTOR'S OFFICE CIRCA 1850 is shown in this picture from an exhibit established by Mead Johnsan and Campany, Evansville, Indiana.

Dr. Pearson points out that the Society is attempting to establish a museum which, rather than teach or interpret medicine for the layman, will point with pride to the general and especially regional history of medicine. Many private groups in Illinois and medical societies in neighboring states have established medically oriented museums. The Medical Society of Wisconsin has recently completed a "Museum of Medical Progress" at Prairie du Chien.

The ISMS Committee is especially anxious to acquire artifacts of the doctors of Illinois preceding the Civil War. Storage of materials that may become available will be safely done until the Museum becomes a reality.

"Much of early medicine in Illinois was homespun and crude. But," Dr. Pearson said, "the tendency has unfortunately been to discredit most early procedures. The doctors of that period were proud men and were generally held in the greatest esteem by the community, often taking the position of being real servants and influencing all phases of community life. The material things that are still extant must be preserved."

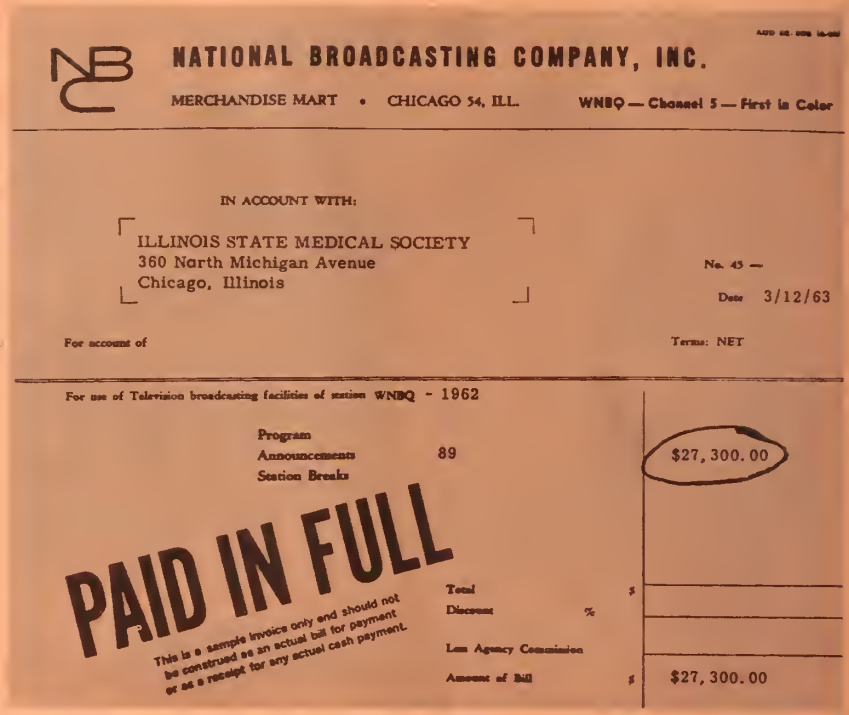
The committee is seeking adequate financial backing for the project. It hopes to be able to employ the services of an experienced historian who could give advice on the overall project and aid in the identification and selection of materials to be demonstrated.

Doctors wishing information or who have material which may be useful to the Committee should contact one of the members. They are Dr. Pearson; Everett Coleman, M.D., Canton; Leon Zimmer, M.D., Chicago; and James Hutton, M.D., Chicago.

"Here's Your Receipt . . ."



A RECEIPT REPRESENTING OVER $27,000 in televisian time was recently presented ta ISMS President George F. Lull, M.D., left, by Llayd E. Yader, right, NBC vice president and general manager WMAQ-WNBQ, and Rabert Lemon, WNBQ stotian manager. The receipt marked paid in full represents the oir time volue af the 89 ISMS public service spots telecast by WNBQ during 1962. Lost year, the saciety received a tatal of aver $300,000 of TV time fram 18 stations.



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Less Agency Commission		
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Launch Statewide TV Campaign Against Communicable Disease

In an effort to alert the public to the inherent dangers of such communicable diseases as measles, smallpox and tuberculosis, ISMS has undertaken a unique form of television public service, unique, that is, for a medical society.

The new PR venture, currently broadcast on almost every television channel in the state, takes the form of a 10-second station break message (eg. "Measles vaccine is here. Protect your family. Make measles a thing of the past.") Both the station and ISMS are identified on accompanying slides.

Though medical society TV "spots" are not new in themselves, it is believed this is the first time they have been linked with station identification breaks.

Medical Self Help TV Film Spot Available

A one-minute television film spot promoting the Medical Self Help Training course was recently distributed by ISMS to a number of Chicago and downstate TV stations for public service use.

County societies which have received their alloted MSHT kits and are prepared to implement the program may request the TV film spots from ISMS, at no cost, for promotion in their area.

PERSONAL P.R.—II

The Welcome Room

A patient may get his first impression of a physician as he enters the reception room. Have you ever walked into your reception room and tried to see it as your patients see it? Is the atmosphere cheerful rather than depressing?

You don't have to hire an expensive decorator to redo your waiting-room. Nor do you need to spend a great deal of money on furniture, carpeting or drapes. Decorate your reception room in harmonious colors, bright but not gaudy. A tidy, comfortable and attractive reception room shows patients you have their welfare at heart.

Here are some tips for cutting tensions produced by waiting to a minimum:

1. Decorate your reception room tastefully and attractively.
2. Obtain comfortable furniture, adequate for the peak number of patients to be accommodated each day.
3. Arrange furniture for reading, writing and conversation.
4. Make sure the room is well ventilated and the temperature regulated.
5. If possible, arrange storage space for coats, hats rubbers and umbrellas to reduce clutter.
6. Provide an assortment of up-to-date magazines and light reading material. Place magazines in leather-bound covers to preserve them temporarily.
7. Provide adequate reading light.

That "something extra" pleases patients. Some physicians put up bulletin boards presenting health educational and other interesting subjects. Many Illinois physicians use the pamphlet display rack available free of charge from the ISMS Division of Public Relations. You may want to arrange a children's corner with small furniture and children's playthings. Some doctors have found TV helpful in keeping children occupied. Pictures, posters and plants lend added charm to a reception room. Other doctors suggest using fresh flowers occasionally, installing a lighted aquarium or piping in restful music. The point is to make your reception room as pleasant as possible for your patients.



CAMELLIA HOUSE



Here, at the Camellia House, you can rediscover the pleasure of dining in the grand manner. Superb cuisine . . . served in the proper continental fashion in Chicago's loveliest dining room. Luncheon, dinner and supper. Dancing nightly. Outstanding entertainment.

CAPE COD ROOM



Seafood connoisseurs from every corner of the globe praise the food in the charming Cape Cod Room. Here the atmosphere of "Down East" complements a wide selection of the very best seafood, received daily by air. Each seafood dish is our gourmet-chefs pride.

OAK ROOM



Here's where you can sample hospitality that is designed to please the most discriminating. Breakfast, luncheon and supper are served with the true Drake flair at moderate prices. Commands a beautiful view of Lake Michigan and Lake Shore Drive.

COQ d'OR



At the sign of the golden cock—is this hospitable hideaway where you can enjoy an appetizing snack and a limitless selection from the famed Drake Cellars.

The Drake

LAKE SHORE DRIVE
AND UPPER MICHIGAN AVENUE
CHICAGO

Timely Three-Way Telecast for Chicago Physicians

A 90-minute, closed-circuit telecast on three timely medical and surgical subjects, originating from New York, New Orleans, Minneapolis and London, will be seen by Chicago physicians Wednesday, April 24, 1963.

The program, "Colleagues in Closeup," is being presented by the A. H. Robins Co. and will be seen from 9-10:30 p.m. On the North Side it will be on the screen of the Uptown Theatre, 4814 North Broadway and South at the Capitol Theatre, 7941 South Halsted St.

The telecast, divided into 30-minute segments, begins live from New York City with a look into Dr. Owen H. Wangensteen's contributions to surgery. Dr. Wangensteen will be interviewed by Dr. George Crile, Jr. The gastric freezing for duodenal ulcer procedure will be demonstrated on a patient.

A case report describing Dr. Wangensteen's hypothermia technique was featured in IMJ for March.

Management of intestinal obstruction, experience with the "second look" operation; and newer surgical procedures for duodenal ulcer and carcinoma of the breast and colon will also be discussed.

The second 30-minute segment will be a trans-Atlantic television conference on hepatic disease between Dr. Sheila Sherlock at the Royal Free Hospital in London, and Dr. Cecil J. Watson at the University of Minnesota Medical School in Minneapolis, moderated by Dr. Gordon McHardy, of the Louisiana State University Medical School in New Orleans. Dr. McHardy will lead a discussion on the selection and diagnostic significance of various laboratory tests in hepatitis, as well as management regimens.

In the final half hour of the telecast, also live from New York City, Dr. Tinsley Harrison will be questioned by Dr. Peter H. Forsham. Dr. Harrison will reply to questions concerning the evaluation and differential diagnosis of chest pain and emphasize the importance of the clinical examination of the patient with suspected heart disease.

Warren County 'On The Air'



'On the Air' publicizing "Poison Control Week" in Warren County are (left to right) Wendell F. Roller, M.D., Monmouth, Steve Bellinger, Manager, Radio Station WRAM, Monmouth and Russell M. Jensen, M.D., Monmouth. The week, March 17-23, was sponsored by the Warren County Medical Society.

Medical School News

University of Chicago

A new method of treating cancers disseminated through the lymphatic system is being investigated by the University of Illinois Department of Radiology at the Medical Center Campus in Chicago. The project, under the direction of Dr. Edwin J. Liebner, associate professor of radiology, is to attempt finding a more specific and selective action on diseased lymphatic tissues through the use of radioactive isotopes.

The procedure now being emp'oyed by Dr. Liebner at the University of Illinois is to injeet radioactive isotopes directly into lymph channels in the lower extremities. In this way the lymph drainage carries the isotope to the inguinal, pelvic and perio-aortic lymph nodes of the body.

Chicago Medical School

Dr. Edward A. Newman of Chicago has been elected to the National Board of Governors of the Chicago Medical School. Dr. Newman is one of the two physician members of the 24 member board made up primarily of industrial and business executives throughout the country. He is a diplomate of the American Board of Internal Medicine, and a fellow of the American College of Physicians.

University of Illinois

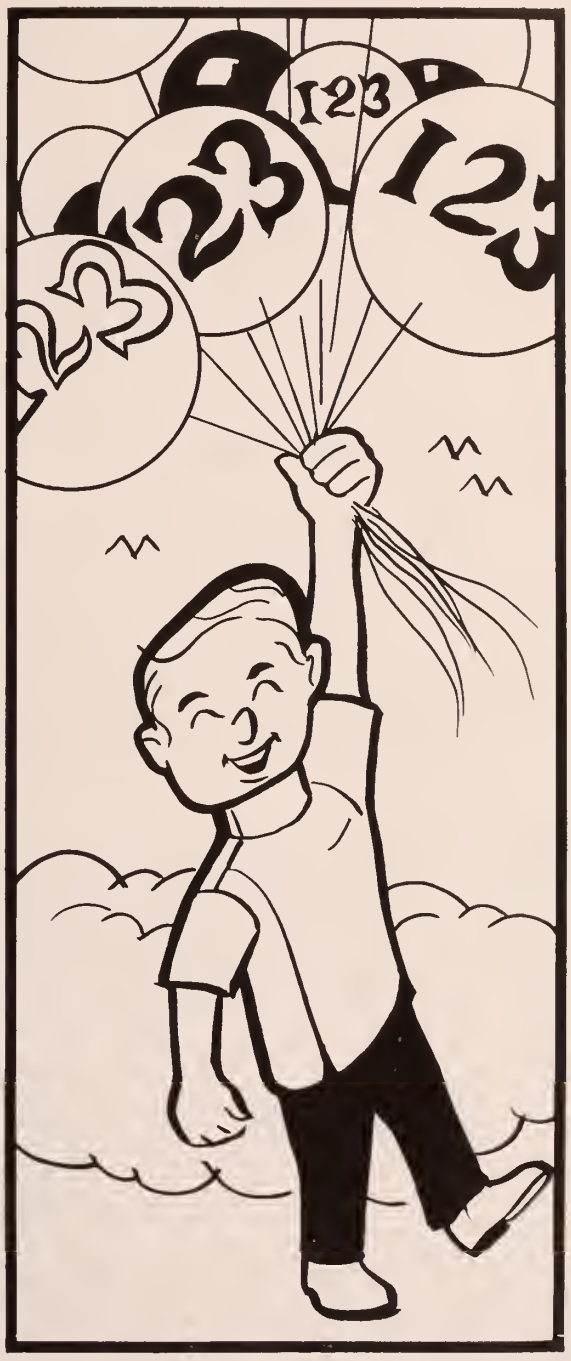
Two significant changes have been made affecting the Graduate College curriculum at the University of Illinois Chicago Medical Center Campus.

First, medical students with an M.D. degree seeking a graduate degree will be required to take fewer non-research graduate courses.

Second, Ph.D. candidates will not need to fulfill the requirement of a minor.

Northwestern University

The Annual Medical Faculty-Alumni Reunion of the Northwestern University Medical School will be held at the Lake Shore Club of Chicago Saturday, May 25. There will be a



Up in the Clouds!

Less than a month to wait for the

ISMS Annual Convention

May 12-16

Sherman House, Chicago

social hour at 6 p.m., followed by dinner at 7 p.m. Price is $8.00 per plate. Reservations should be made at the Medical Alumni Office, 303 East Chicago Avenue, not later than May 22.

During the AMA Convention in Atlantic City, June 16-20, the Alumni Association luncheon will be held Tuesday, June 18 at the Chalfonte-Haddon Hall. Dr. Richard H. Young will address the group. Tickets may be obtained from the Alumni office or at the convention registration area.

Hospitals in the News

Approval of a $280,000.00 hospital and plant improvement budget for St. Mary of Nazareth Hospital, 1120 North Leavitt street, Chicago was announced recently by Sister M. Edelburg, C.S.F.N., hospital administrator. The budget emphasizes plant modernization for the sixty year old hospital.

Dr. Raymond M. Galt has been named general chairman of the Building Campaign Committee for the Skokie Valley Community Hospital. Dr. Galt is one of the founders of the hospital. The hospital is now being constructed at Gross Point and Golf Roads in Skokie. The 152 bed hospital will be completed in October and will serve the communities of Glenview, Golf, Lincolnwood, Morton Grove, Northbrook, Northfield and Skokie.

Two Chicago physicians have been commended by the Veteran's Administration for their work at the VA Research Hospital. Dr. Craig W. Borden, chief of the medical service at the hospital, has been awarded a "chief medical director's commendation" by the VA, Washington. This highest honor that can be paid a physician by the VA, acknowledges Dr. Borden's teaching and research and his development of an outstanding residency program.

Dr. Louis B. Newman, chief of physical medicine and rehabilitation at the hospital has been awarded the VA Commendation for his chairmanship of the 1962 Crusade of Mercy Drive at the hospital.



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CAPSULES 50 mg.

Meeting Memos

American Psychosomatic Society, Atlantic City, April 27-28

American Society for Clinical Nutrition, Atlantic City, April 27

American Federation for Clinical Research, Atlantic City, April 28

American Society for Clinical Investigation, Atlantic City, April 28-30

Clinical Congress of Abdominal Surgeons, New York, April 29-May 3

Aerospace Medical Association, Los Angeles, April 29-May 2

National Osteopathic Child Health Conference, Kansas City, Mo., April 28-May 1

Association of American Physicians, Atlantic City, April 30-May 1

Society for Pediatric Research, Atlantic City, May 1-2

Student American Medical Association, Chicago, May 1-5

U.S. Public Health Service Clinical Society, Gallup, New Mexico, May 1-4

American Association for the History of Medicine, Boston, May 2-4

American Pediatric Society, Atlantic City, May 3-4

American Association for Health, Physical Education and Recreation, Minneapolis, May 3-7

American Psychoanalytic Association, St. Louis, May 3-6

American Society of Microbiology, Cleveland, May 5-9

American Psychiatric Association, St. Louis, May 6-10

National Geriatrics Society, New Orleans, May 6-9

American Association of Genito-Urinary Surgeons, Chicago, May 8-10

American Thyroid Association, Chicago, May 8-11

National Society for Prevention of Blindness, Boston, May 8-10

Joint Meeting — Illinois, Wisconsin, Iowa Associations of Blood Banks, Genoa City, Wisconsin, May 11-12

American Thoracic Society, Denver, May 12-15

National Tuberculosis Association, Denver, May 12-15

Illinois State Medical Society, May 12-16

A symposium on "Nutrition and Atherosclerosis" will be held in Minneapolis May 9-10 under the auspices of the Minnesota Heart Association and General Mills, Inc.

The April meeting of the Chicago Society of Internal Medicine will feature a program presented by resident physicians in Chicago hospitals. It is scheduled for April 22, 8 p.m. at the Drake Hotel.

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long term response...“Secondary failure is unlikely to occur” with phenformin[4] (DBI-TD capsules, DBI tablets). Phenformin has been successfully administered daily in diabetics in one study for over 3 years[2] and in another for up to 4½ years[1] with “a virtual absence of acquired resistance or true secondary failure.”[1] Indeed, DBI has produced a satisfactory response in 55 to 60% of tolbutamide secondary failures.[3,7]

long term clinical safety . . . No liver or parenchymal organ toxicity has been observed after up to 2½ years of daily use of DBI-TD — nearly 5 years with the DBI tablets.[1,2,9] “The absence of hypoglycemic reactions” with phenformin “has been conspicuous.”[5]

long term tolerance . . . DBI-TD is well tolerated with minimal g.i. side effects.[2,6,8] Radding et al.[6] report, “the relative freedom from gastrointestinal side effects was particularly reassuring . . . and in no instance was it necessary to discontinue the drug.”

long term convenience. . . Once a day dosage — or at most twice a day — for great majority of diabetics makes DBI-TD simple and convenient therapy. Each dose lowers blood sugar gradually, smoothly, for about 12 to 14 hours.[6]

DBI-TD (brand of Phenformin HCl — N^1-β-phenethylbiguanide HCl) available as 50 mg. timed-disintegration capsules; bottles of 100 and 1000 capsules. Also available as DBI tablets, 25 mg., bottles of 100 and 1000.

Important: Before prescribing DBI-TD, the physician should be thoroughly familiar with directions for use, including indications, dosage, possible side effects, precautions and contraindications. Write for complete literature.

1. Pomeranze, J.: Clinical Med. 8:1155, June 1961. 2. Krall, L. P. and Bradley, R. F.: Geriatrics 17:337, May 1962. 3. DeLawter, D. E. et al.: J.A.M.A. 171:1786, Nov. 28, 1959. 4. Perkin, F. S.: J.A.M.A. 173:36, May 7, 1960. 5. Pearlman, W.: Phenformin Symposium, Houston, Feb. 1959. 6. Radding, R. S. et al.: Metabolism 11:404, April 1962. 7. Gold, A. et al.: Applied Therapeutics 2:137, 1960. 8. Brown, G. D. and Gabert, H.: Applied Therapeutics 4:451, May 1962. 9. Gold, A.: Applied Therapeutics 4:466, May 1962.

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News Briefs From The State and Nation

Mushroom Death Registry

The National Registry of Deaths from Mycetism maintains a file of deaths attributed to ingestion of wild mushrooms (1957 to date). Physicians are requested to send notice of all such deaths (age, sex, date, locality) to Robert W. Buck, M.D., Secretary, Massachusetts Medical Society, 22 The Fenway, Boston 15.

Grants

Two grants totaling $150,000 for the recently formed interim executive committee of the Pan-American Federation of Medical Associations have been announced. The group was presented with $75,000 from the W. K. Kellogg Foundation and a similar amount from the Rockefeller Foundation. The money will be used to aid in the establishment and general support of the federation which was created to improve medical education and medical care in the Americas. The grants were announced by Dr. John A. D. Cooper, treasurer of the committee and associate dean of Northwestern University Medical School.

Physicians Appointed

A Chicago psychiatrist, Dr. Harold N. Visotsky, has been named deputy director of the mental health service of the Illinois Department of Mental Health, Dr. Francis J. Gerty director of mental health, has announced. The appointment is effective April 15.

Dr. Ralph H. Kunstadter, Chairman of the ISMS Child Health Committee, was among 18 members recently reappointed to the Illinois Commission on Children by Governor Kerner.

Awards

The winner of the Fiske Essay Competition of the Rhode Island Medical Society was erroneously identified in the March issue. The winner was Dr. Jules Kaplan, Chicago.

ANNOUNCEMENTS

May Crippled Children Clinics

May 1 Fairfield — Fairfield Memorial Hospital
May 1 Hinsdale — Hinsdale Sanitarium
May 2 Carlinville — Carlinville Area Hospital
May 2 Sterling — Community General Hospital
May 3 Chicago Heights (Cardiac) — St. James Hospital
May 8 Champaign-Urbana — McKinley Hospital
May 8 Joliet — Silver Cross Hospital
May 9 DuQuoin — Marshall-Browning Hospital
May 9 Macomb — St. Francis Hospital
May 9 Springfield (General) — St. John's Hospital
May 14 East St. Louis — Christian Welfare Hospital
May 14 Peoria (General) — Children's Hospital
May 14 Pittsfield — Illini Community Hospital
May 15 Evergreen Park — Little Company of Mary Hospital
May 16 Decatur — Decatur & Macon County Hospital
May 16 Effingham (Rheumatic Fever & Cardiac) — St. Anthony Memorial Hospital
May 16 Elmhurst (Cardiac) — Memorial Hospital of DuPage County
May 16 Rockford — Rockford Memorial Hospital
May 17 Chicago Heights (Cardiac) — St. James Hospital
May 21 Alton (General) — Alton Memorial Hospital

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Geriatrics



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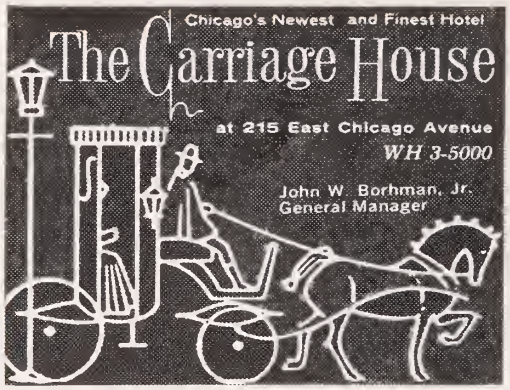
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May 22 Elgin — Sherman Hospital
May 22 Rock Island (Cerebral Palsy) — Foss Home, 3808 Eighth Avenue
May 22 Springfield (Cerebral Palsy P.M.) — Memorial Hospital
May 28 Peoria (General) — Children's Hospital

Awards Available

$1,000

Industrial Medicine, an international journal of medicine in industry, announces a competition for the I. M. & S. Award of $1,000 for the most outstanding original manuscript submitted to the Journal in 1963 devoted to the topic, "The Future of Health in Industry." For further information write Industrial Medicine and Surgery, P.O. Box 306, Tamiami Station, Miami 44, Florida.

$1,500

The International Academy of Cytology has announced that nominations are open for the Maurice Goldblatt Cytology Award for 1963. The award, which includes a gold medal and $1,500, was established by the Cancer Research Foundation of Chicago in 1961, to stimulate basic research in cancer detection. It is given annually to a person, or persons, who have made outstanding contributions to cytology in the previous five years.

Nominations must be in the editorial office of *Acta Cytologica*, journal of the International Academy of Cytology, 5841 South Maryland Avenue, Chicago 37, by August 1.

PG Courses of Special Interest

Cardiopulmonary Disease

"Physiological Aspects of Cardiopulmonary Disease" is the subject of a PG course offered May 20-24 by the American College of Physicians at the Indiana University School of Medicine, Indianapolis. Registration forms or requests for information should be sent to the College, 4200 Pine Street, Philadelphia 4, Pa.

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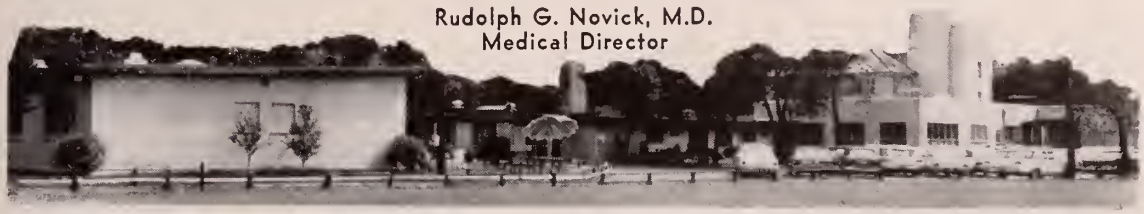
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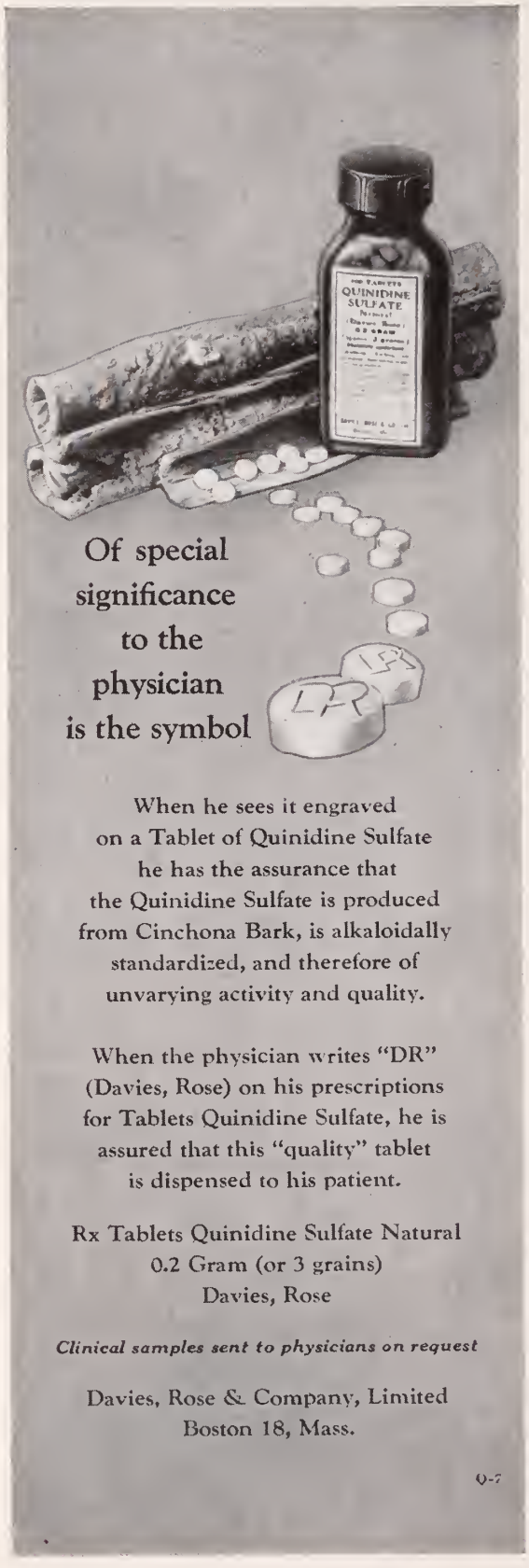
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Infectious Disease

A series of new programs in postgraduate medicine for practicing physicians will be conducted by the University of Illinois College of Medicine in Chicago. Intensive one-day programs will be held at monthly intervals to present-in-depth coverage of major areas of diagnosis and management. A course in "Infectious Disease" will be presented May 22. Previous programs have been studies in "Bleeding in Obstetrics and Gynecology", March 20 and "Care of the Newborn", April 17.

Surgery of the Hand

The Cook County Graduate School of Medicine is offering a special 1 week course in Surgery of the Hand, starting April 29. This program will include the following guest lecturers: Dr. Robert McFarlan, London, Ontario; Dr. Rolla D. Campbell, Jr., New York; and Dr. George E. Omer, Jr., Denver.

Enrollment is limited. For further information contact the Registrar, 707 South Wood Street, Chicago 12, Illinois.

New Publications

Copies of the 96-page, illustrated book "**Scientific Proceedings of the Seventh Annual Conference of the American Institute of Ultrasonics in Medicine**" held in August are available for 25c from the Birtcher Corporation, 4371 Valley Blvd., Los Angeles 32, California.

"**Diabetes in the News**", a roundup of recent items of interest to the diabetic and his family, has been introduced by the Ames Company. A periodical to be published at regular intervals, it contains abstracts of information from medical and the public press in lay terms. Arrangements to receive the newsletter may be made by writing the Company in Elkhart, Indiana.

"**Insurance Coverage of Mental Illness, 1962**" a special report of the Joint Information Service of the American Psychiatric Association and the National Association for Mental Health is available from the APA, 1700 - 18 Street, N.W., Washington 9, D.C. for $1.



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ILLINOIS MEDICAL ASSISTANTS ASSOCIATION REPORT

This Resolution will be presented to the House of Delegates during the IMAA Annual Meeting

WHEREAS, The Illinois Medical Assistants Association is an organization dedicated to the Medical Profession and its purposes and whose principle objectives are self improvement and education of its members to the end that they may better serve their doctor-employers and the public; and

WHEREAS, The Illinois Medical Assistants Association appreciates the cooperation and encouragement of the Illinois Medical Society, whose support is so vital to its existence; and

WHEREAS, The Illinois Medical Assistants Association is cognizant of the many pressures being brought to bear to socialize the practice of medicine; therefore be it

RESOLVED, That the members of the Illinois Medical Assistants Association continually strive to keep informed on current legislative trends that they may better help the Medical Sociey prevent governmental intrusion into the practice of medicine and alert all with whom they come in contact of this danger; and be it further

RESOLVED, That the Illinois Medical Assistants Association pledges its support to the Illinois State Medical Society on all basic legislative issues and stands ready to offer its services wherever needed.

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Deaths

Kenneth C. Johnston*, Chicago, active in ISMS' Committees, died February 16, aged 51. He was a 1935 graduate of the University of Manitoba School of Medicine.

Certified in Otolaryngology in 1953, he was professor of otolaryngology at the University of Illinois College of Medicine and a member of the American College of Chest Physicians and the American Academy of Pediatrics.

Chairman of the Liaison to the Illinois Bar Association and Medical Education and Hospitals Committees of ISMS, he was a council member of the Chicago Medical Society and a delegate to the State Society.

R. Howard Allison*, Argo, a graduate of the University of Illinois College of Medicine in 1931, died February 23, aged 60.

Ralph B. Bettman*, Chicago, a graduate of Johns Hopkins University School of Medicine in 1914, died February 9, aged 73. Certified in Surgery in 1937, he was past president of the Chicago Surgical Society and the National Medical Fellowships association and was a member of the American College of Surgeons and the American Board of Thoracic Surgeons. He was past president of the medical staff of Michael Reese hospital.

Archibald L. Hoyne*, Chicago, a graduate of Rush Medical College in 1904, died March 3, aged 84. Certified in pediatrics in 1936, he was professor of pediatries at Chicago Medical School and clinical professor emeritus of pediatrics and the University of Chicago and University of Illinois. Dr. Hoyne was past president of the Chicago Pediatric Society and a past vice president of the Institute of Medicine. He had served as medical superintendent of Municipal Contagious Disease hospital from 1911 to 1950 and head of the department of contagious disease at County Hospital for many years. He was a member of the ISMS 50 Year Club and an emeritus member of the Society.

Manfred L. Hoffman, Chicago, a graduate of the University of Cologne Medical School in 1933, died November 16, aged 55. He was a member of the American Academy of General Practice.

Allen W. Jackman, Downey, a graduate of Chicago Medical School in 1943, died November 9, aged 47. He was a World War II veteran.

Leo A. Juhnke*, Chicago, a graduate of Northwestern University Medical School in 1910, died February 24, aged 80. An emeritus member of the Society, he was also a member of the 50 Year Club.

Raymond L. Kohler, Chicago, a graduate of the University of Iowa College of Medicine in 1925, died February 19, aged 67. A veteran of World War I, at the time of his death he was a medical consultant for the U.S. Railroad Retirement Board.

George Meshew*, Mounds, a graduate of the University of Tennessee College of Medicine in 1949, died February 9, aged 55.

Mary Louise Newman*, Jacksonville, a graduate of the Washington University School of Medicine, St. Louis, died March 4, aged 63.

Vincent J. O'Conor*, Chicago, a graduate of Rush Medical College in 1918, died January 26, aged 69. He was chairman of the department of urology and professor emeritus of that department at Northwestern University School of Medicine. He was certified in urology in 1925. He was a fellow of the American College of Surgeons and the American Association of Genito-Urinary Surgeons, which he had formerly served as president.

J. Robert Ulrich*, Chicago, a graduate of Stritch School of Medicine of Loyola University in 1937, died March 4, aged 51.

George S. Walker*, DeLand, a graduate of Northwestern University Medical School in 1906, died October 27, aged 83. He was an emeritus member of ISMS and a member of the 50 Year Club.

Harold R. Weinzimmer*, Cicero, a graduate of Marquette University School of Medicine in 1930, died March 7, aged 59.

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Surgery af the Hand, One Week, April 29
Urology, Twa Weeks, April 22
Vaginal Appraach ta Pelvic Surgery, One Week, May 13
Obstetrics, General & Surgical, Twa Weeks, April 29
Pediatric Surgery, One Week, April 15
Advances in Pediatrics, One Week, May 13
Neuromuscular Diseases of Children, Twa Weeks, June 3
Basic Internal Medicine, Two Weeks, April 22
Pulmanary Functian Tests, Three Days, April 17
Advances in Medicine, One Week, May 6
Dermatalagy, Twa Weeks, April 22
Radiaisatapes, Twa Weeks, April 29
Fractures in Children, One Week, May 6
Blaad Vessel Surgery, One Week, May 13
Principles af Operative Surgery, Twa Weeks, June 3

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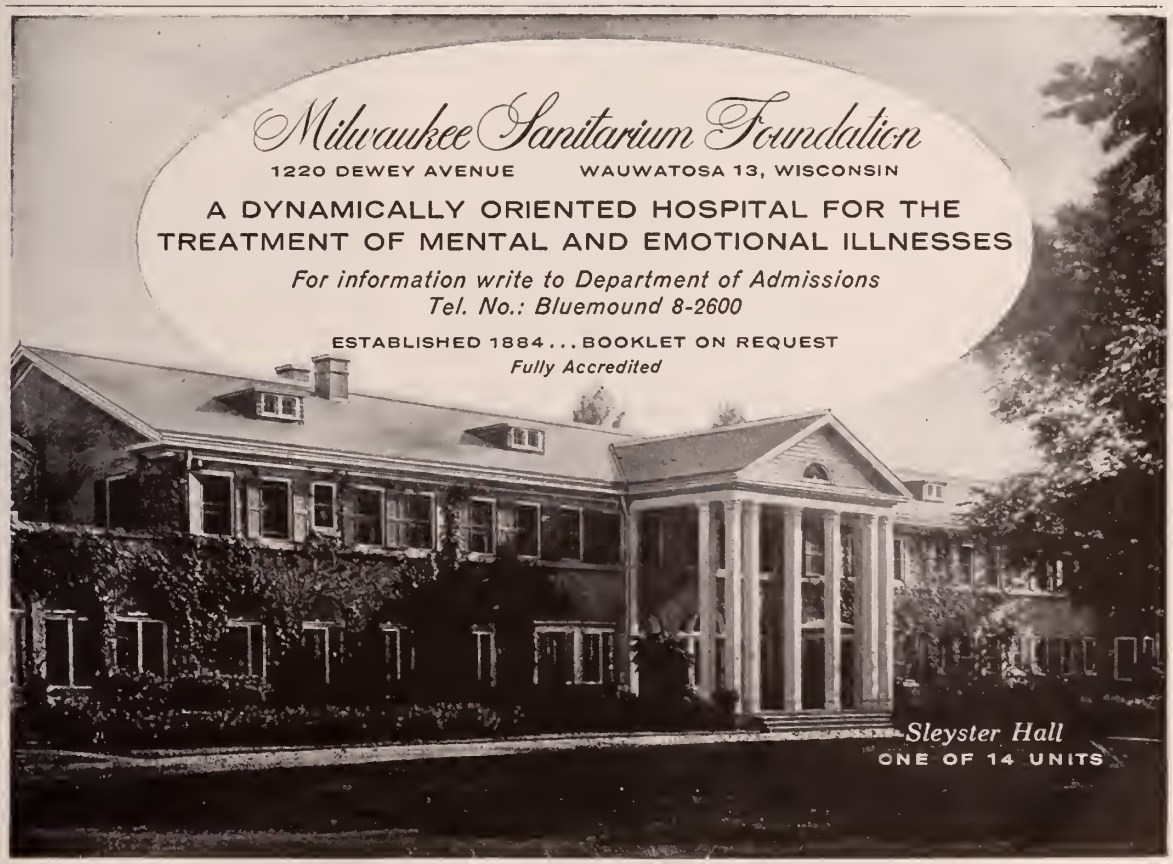
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OFFICIAL JOURNAL OF THE ILLINOIS STATE MEDICAL SOCIETY

Allergies of Summer

Samuel M. Feinberg, M.D., Co-director of Allergy Research Unit, Northwestern University Medical School, reviews Warm-Season Respiratory Allergy, its causes—and management by the non-specialist. See page 501.

Pollination Calendars for Illinois—when to look for allergic symptoms caused by Ragweeds, Grasses, Wind-Pollinated Trees and Shrubs. Permanent reference on pages 509-510.

RAPY

Also in this issue:

Special Section, Juvenile Rehabilitation, page 514; Yawning Reflex—Clue to Hypothyroidism?, page 511; Unusual Case of Pneumonia in a Child, page 520; IMT—Doctors and the Courts, page 527; Complete Table of Contents, page 485.

ACADEMY OF MEDICINE
2 E. 103RD ST.
NEW YORK, N. Y.

IN DIARRHEAS



Patient: W. O. **Age:** 45 **Sex:** F **Weight** 96

Diagnosis: Functional diarrhea

Results: Definite **Side Effects:** None

Comment: Patient has been on R-1132 (Lomotil) for fifteen months with definite improvement.

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RECURRENT

CHRONIC

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Pharmacologic considerations indicate that Lomotil acts on the smooth muscle of the intestines and thus lowers the excessive propulsive motility responsible for increased fluidity and frequency of stools. This localized action makes Lomotil unusually free of secondary effects.

By reducing excess propulsive motility, Lomotil assures safe, selective symptomatic control of virtually all diarrheas.

Dosage: For adults the recommended initial dosage is two tablets (2.5 mg. each) three or four times daily. Lomotil maintenance dosage may be as low as two tablets daily.

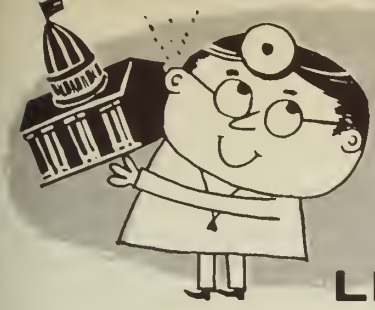
Lomotil is supplied as unscored, uncoated white tablets of 2.5 mg. and as liquid containing 2.5 mg. in each 5 cc. A subtherapeutic amount of atropine sulfate (0.025 mg.) is added to each tablet and each 5 cc. of the liquid to discourage deliberate overdosage. Recommended dosage schedules should not be exceeded.

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Research in the Service of Medicine



LEGISLATIVE LISTENING POST

May, 1963

OPERATION HOMETOWN LAUNCHED

Illinois physicians and their wives attending the AMA National Legislative Conference late last month received an up-to-date briefing on Federal medical care for the aged. "Operation Hometown", the current AMA campaign to defeat the latest Federal proposal, H.R. 3920, was kicked off in Illinois at a special ISMS meeting following the AMA sessions. Action is called for in every county in the state. A special campaign packet includes sample materials and directions for letter writing; congressional contacts; newspaper, radio and TV; enlisting allies; material distribution and a speakers bureau. Another meeting for county "Hometown" chairmen is scheduled this week during the Society's Annual Convention.

CAPITOL VISIT-CONGRESSIONAL CONTACTS

ISMS officers and members of the medical service committee were delegates to the 51st Annual Meeting of the United States Chamber of Commerce in Washington April 28-May 1. The Conference program featured a discussion of key legislative issues. The Chamber's support in the fight against King-Anderson was outlined in a workshop on the "Health Needs of the Aged."

The ISMS delegation as a group paid special visits to Senators Dirksen and Douglas. Individual delegates each visited with their Congressmen.

ILLINOIS GENERAL ASSEMBLY

PKU Testing

House Bill 261 requiring mandatory testing of all newborns for Phenylketonuria remains on the House calendar at 3rd reading or passage stage. Opposition to this legislation has been effective but the outcome is still in doubt. Physicians should be prepared to continue opposition in the Senate if the House acts favorably. This bill is being vigorously opposed because it requires testing in an area which is, as yet, experimental.

Nursing Act Amendments

New bills have been drafted to separate the revisions in professional nursing from those applying to practical nursing. H-963 is the new bill applying to professional nursing while H-964 applies to practical nursing. No substantive changes have been made. However, H-963 now provides that the professional nursing course shall be not less than two years -- previously there was no reference to length of course. This bill permits licensing of graduates from the two-year junior

college nursing programs and requires higher educational qualifications for nurse examiners and department personnel. H-964 requires mandatory licensure of practical nurses. A change of wording in the bill specifically excludes licensure of nurses aides in nursing homes, thus clearing up a previous misunderstanding.

The definition of nursing contained in the professional act has been carefully reviewed by the ISMS nursing and medical service committees and legal counsel. Safeguards against the performance of unsupervised medical procedures are deemed adequate. Assurances have been given by the nursing group that the principle objective of H-963 is to increase the supply of nurses.

Mandatory licensure for the practical nurses under H-964 carries the endorsement of the Practical Nurses and the Illinois Nursing Home Associations. ISMS supports both measures.

Physical Requirements for Auto Drivers License

Extensive negotiations between the ISMS Public Safety Committee and the Secretary of State's Department on physical requirements necessary to maintain driving privileges have resulted in an impasse. The Secretary of State's Department has sponsored H-901 which requires physicians to report the name, address and condition of any person over 15 who has been examined or treated and who falls within a broad list of catagories which presumably would render the driver unsafe.

To counteract this objectionable reporting requirement, ISMS has sponsored H-966 which provides for physical examinations in selected cases. Under the latter, physical examinations may be ordered when the Secretary of State has good reason to believe that the applicant's ability to operate a motor vehicle safely is impaired. The implications of mandatory reporting on the condition of private patients are extensive. Further negotiations are being held with the Secretary of State. Physicians and their wives should begin discussions with their Representatives on this issue.

Selected Bills Not Previously Reported

H 838	Licenses clinical laboratories including blood banks.
H 926	Registration and regulation of psychologists by Department of Registration and Education.
H 976	Tightens control over physician licensing under reciprocity arrangements.
H 1065	Defines physician as one who is licensed to practice medicine and surgery in all its branches.
S 746	Permits a reduction in the amount of deductible payment which recipients must pay under AMIA (Kerr-Mills in Illinois).
S 756-57	Licenses radiation sources under control of Department of Public Health.
S 799-801	Establishes separate examining board for chiropractors.



How NALLINE helps to keep the li
on drug addiction in Californi

e use of the narcotic antagonist NALLINE, as a test of addiction, s significantly curtailed illicit narcotic traffic in Alameda County, ifornia. In penal terms alone, three years after the institution of test using NALLINE, prison admissions for addiction had dropped m 13.7% of total admissions to 4.4%.[1]

e test was given to persons suspected of addiction and to addicts a condition of probation or parole.

LLINE does not cure addiction. It can, however, help addicts chologically, because they know NALLINE detects relapse and t relapse leads to a return to prison or hospital. Definitive swers to the epidemiology of addiction—in itself a symptom of underlying disease that may be psychologic, physiologic, or armacologic in nature—are, as yet, unknown.[2,3]

e test should be undertaken only by physicians experienced in dealing with cotic addicts.

ef Summary: Indications: To reverse significant respiratory depression due opiates. Diagnostic—to test for opiate narcotic addiction.

e Effects, Precautions, and Contraindications: Do not use in mild or non-opiate respiratory depression. Use with **extreme caution** and in small doses in narcotic addicts and in non-addicted patients receiving opiate narcotics due to risk o violent withdrawal symptoms. Effect gradually lost on successive doses which may result in respiratory depression. Untoward reactions include dysphoria miosis, pseudoptosis, lethargy, drowsiness, sweating, pallor, nausea, psychotomi metic manifestations. **Before prescribing or administering, read product circular with package or available on request.**

Note: NALLINE will not precipitate abstinence symptoms in meperidine addicts unless they are taking 1,600 mg. or more daily. The ability of NALLINE to detect addiction to codeine is unknown.

1. Brown, T. T.: The Enigma of Drug Addiction, Springfield, Ill., Charles C Thomas 1961, pp. 287-334. 2. Chesnick, R. D.: Med. Times **90**:247 (March) 1962 3. Narcotic Addiction Symposium: New York Med. **18**:562 (August 20) 1962

Supplied: Ampuls of 1 and 2 cc. and vials of 10 cc., each cc. containing 5 mg of nalorphine hydrochloride.

Note: The Federal Bureau of Narcotics now classifies NALLINE as a Class M. narcotic preparation. Thus, the purchase of this preparation no longer requires a Federal Narcotic Order Form.

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"What is a tranquilaxant?"

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The muscle relaxant properties[2] of this drug provide an extra dimension of effectiveness...relaxing the spasm which so frequently accompanies psychogenic disorders. Hence, the total therapeutic effect of TRANCOPAL (chlormezanone/Winthrop)—a true "tranquilaxant"—is to produce a relaxed mind in a relaxed body.

Unsurpassed Tolerance: Less than 3 per cent of patients develop side effects with TRANCOPAL (chlormezanone/Winthrop), such as occasional drowsiness, dizziness, flushing, nausea, depressi weakness and drug rash. If severe, medication shou be discontinued. In most patients, however, side effe are minor and do not necessitate interruption of tre ment. There are no known contraindications.

Available: 200 mg. Caplets® (green colored, score 100 mg. Caplets (peach colored, scored), each in bottl of 100.

Dosage: Adults, 1 Caplet (200 mg.) three or four tim daily; in some patients 100 mg. three or four times da suffices. Children (5 to 12 years), from 50 to 100 mg. thr or four times daily.

Winthrop
WINTHROP LABORATORIES
New York 18, N.Y.

References: 1. A.M.A. Council on Dru J.A.M.A. 183:469 (Feb. 9) 1963. 2. Gruenbe F.: Curr. Ther. Res. 2:1 (Jan.) 1960.

IMJ

Illinois Medical Journal

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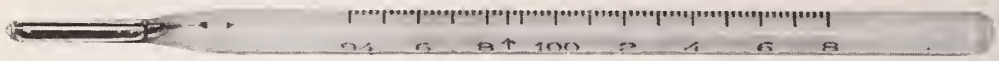
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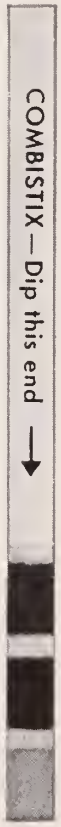
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Published monthly by the Illinois State Medical Society, 360 N. Michigan Avenue, Chicago 1, Ill. Subscription $5.00 per year, in advance, postage prepaid, for the United States, Cuba, Puerto Rico, Philippine Islands, and Mexico. $7.00 per year for all foreign countries included in the postal union. Canada, $5.50. Single current copies available at cost of 75 cents.
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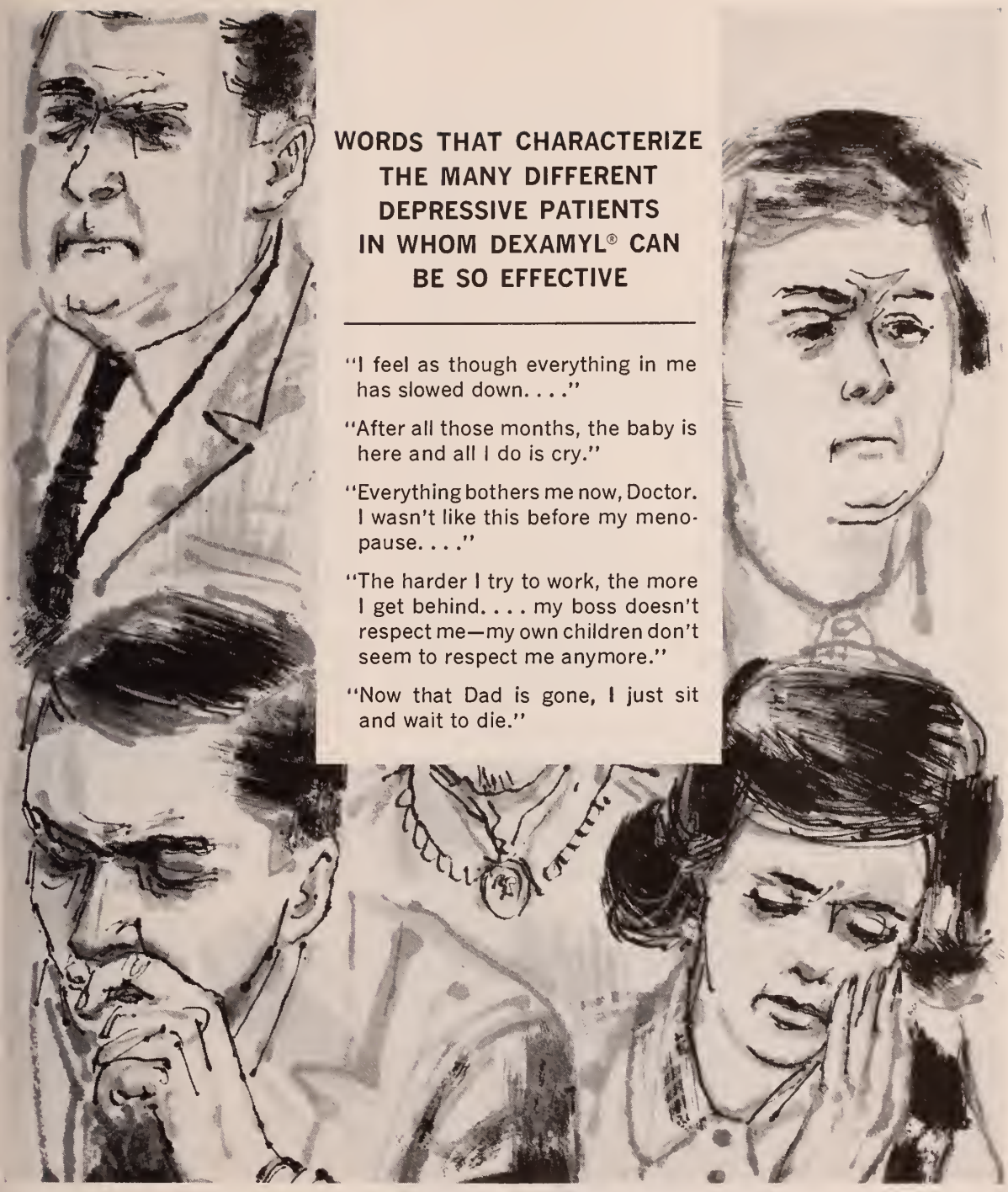
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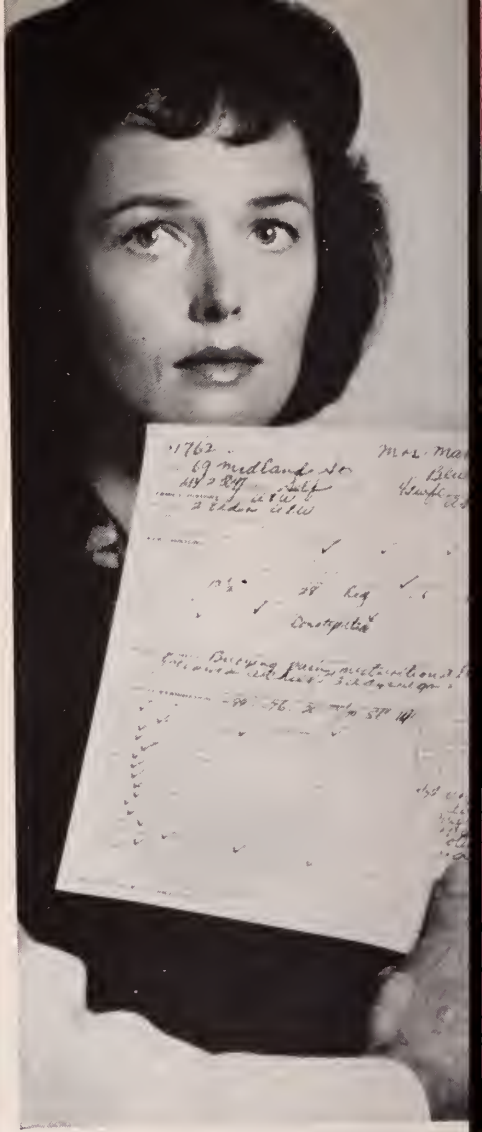
CAUTIONS: Use with caution in patients hypersensitive to sympathomimetics or barbiturates and in coronary or cardiovascular disease or severe hypertension. Excessive use of the amphetamines by unstable individuals may result in a psychological dependence; in these rare instances withdrawal of medication is recommended. It is generally recognized that in pregnant patients all medications should be used cautiously, especially in the first trimester.

SUPPLIED: 'Spansule' capsules No. 1 (1 dot on capsule) and No. 2 (2 dots on capsule), in bottles of 50.
Prescribing information Jan. 1963.

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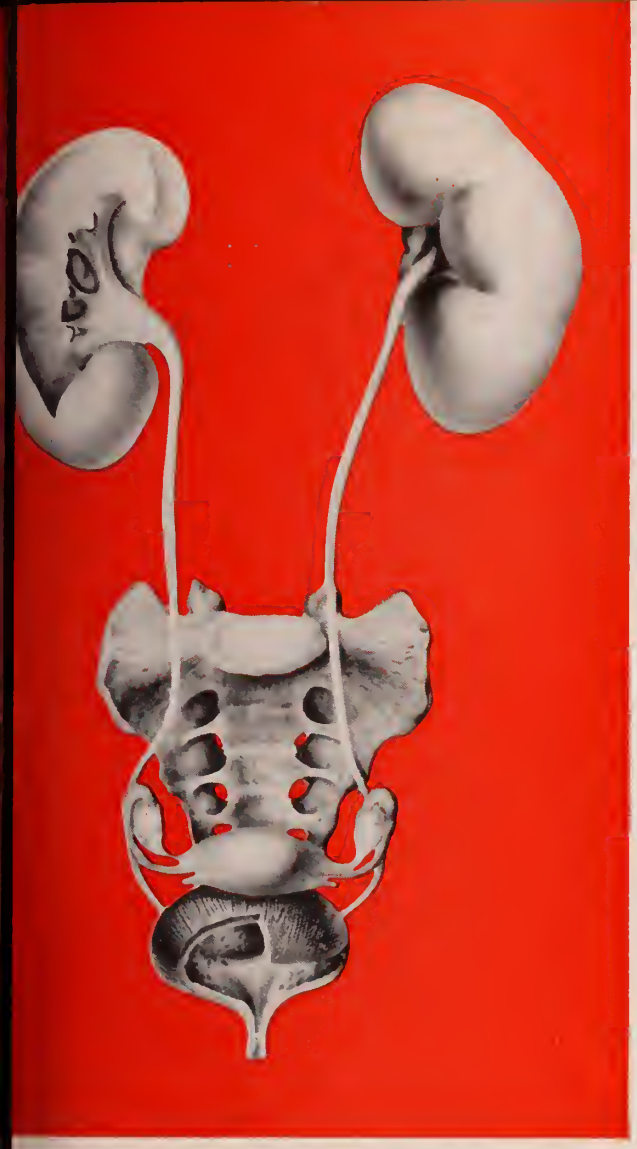


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AS I SEE IT FROM '360'

By Robert L. Richards
Executive Administrator

ISMS—Legislative Opportunities

At the successful Legislative Conference held in Springfield recently I put forth the idea that groundwork laid that day in informing the Illinois physician of his legislative opportunities was similar to the start of a race—perhaps a race that would see new records set.

The first lap has been passed on the Federal legislative scene with the introduction of a "new" Administration proposal for Federalized Medicine. The rush was successfully opposed by the unveiling of "Operation Hometown" at the AMA National Legislative Conference late last month. Total cooperation and the successful use of the outlined "Operation Hometown" program will assure a race to the wire and another victory for organized medicine.

County chairmen have been named to implement the program in every area of the state. Their efforts, with the cooperation of every physician, will insure that the public sees each side of the question.

State legislative opportunities have been accepted and met. Spearheaded by the Division of Legislative Activities and its appropriate committees, the influence of doctors is being felt in Springfield. Legislation of a nature which seriously affects the lives and well-being of the ten million residents of Illinois cannot be dealt with lightly. If the Illinois State Medical Society is correct in support of specific legislation then there can be no course of action other than to fight for that legislation.

ISMS opposition or support is reported weekly and monthly in "On the Legislative Scene" and the "Legislative Listening Post." This is published for your information and *action.* Personally inform your congressman of your feelings on the legislation. Pledge your support.

State and national representatives and senators look to professional associations as the best and most reliable sources of information in their respective fields of interest. They know that the recommendations received from these sources are considered, prudent decisions—not arrived at lightly. They take into consideration the opinions of many and reflect a "studied expert opinion."

There is no voluntary professional accosiation in the State of Illinois which has more legislative responsibilities to its members, to itself, to the state government, and to the state's ten million residents than the Illinois State Medical Society. This responsibility joined with the assumed responsbility of other medical groups throughout the country assures a good race.

"Doctor... I'm so tired all the time"



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"No significant toxic effects have resulted after the continuous administration of methylphenidate for more than 3 years."[3]

INDICATIONS: Chronic fatigue.

CONTRAINDICATIONS: Marked anxiety, tension, and agitation.

CAUTION: Should not be used to increase mental or physical capacities beyond normal limits. Use cautiously with epinephrine or levarterenol.

SIDE EFFECTS: Nervousness, insomnia, anorexia, nausea, dizziness, palpitations, headache, drowsiness.

DOSAGE: 10 to 20 mg. b.i.d. or t.i.d.

SUPPLIED: *Tablets*, 5 mg. (pale yellow), 10 mg. (pale blue) and 20 mg. (pale orange).

REFERENCES: 1. Siegler, P. E., in Nodine, J. H., and Moyer, J. H. (Editors): *Psychosomatic Medicine*, The First Hahnemann Symposium, Lea & Febiger, Philadelphia, 1962, p. 582. 2. Lapolla, A.: Western Med. *2*:383 (Sept.) 1961. 3. Yoss, R. E., and Daly, D. D.: Pediatrics *25*:1025 (June) 1960.

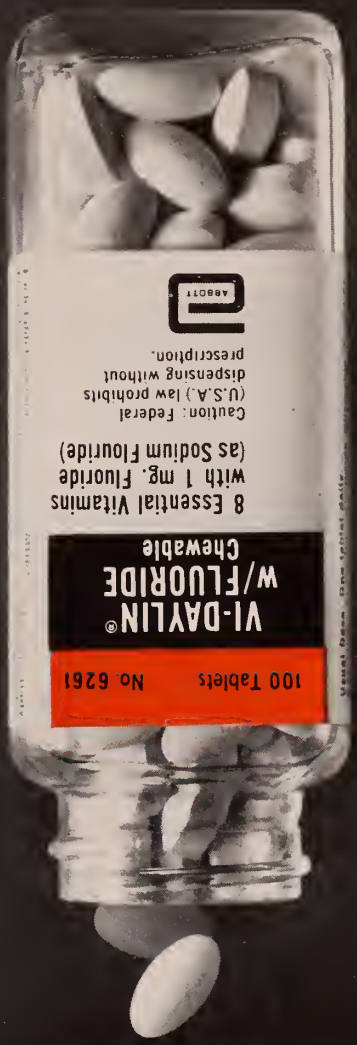
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1. Prescribing Supplements of Dietary Fluorides, Council of Dental Therapeutics, J.A.D.A., 56:591, April, 1958.
2. Fluoride Compounds, Accepted Dental Remedies, 27th Ed.:139, 1962.

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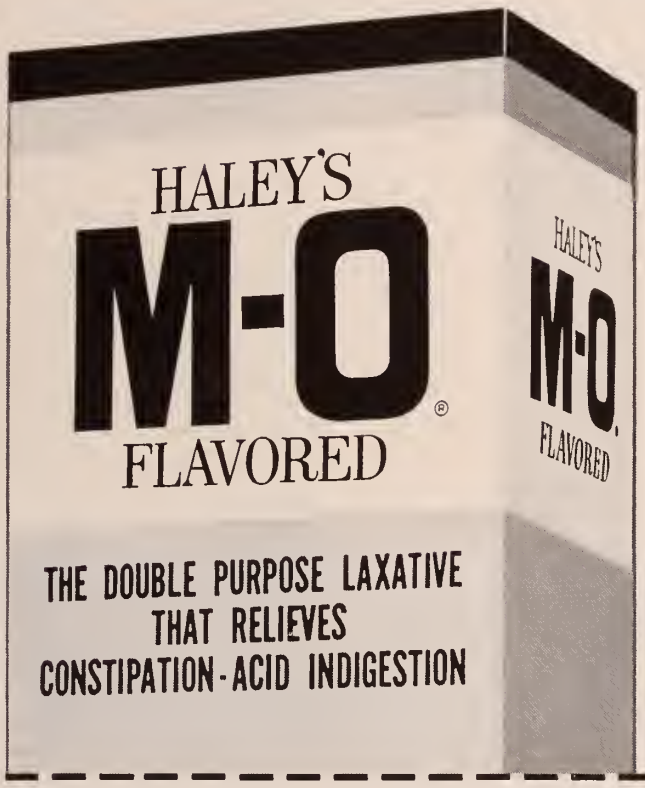
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Product Information: 'Miltown' (meprobamate) is indicated in anxiety and tension states, and all conditions in which anxiety and tension are symptoms; in muscle spasm or tension; and in petit mal.

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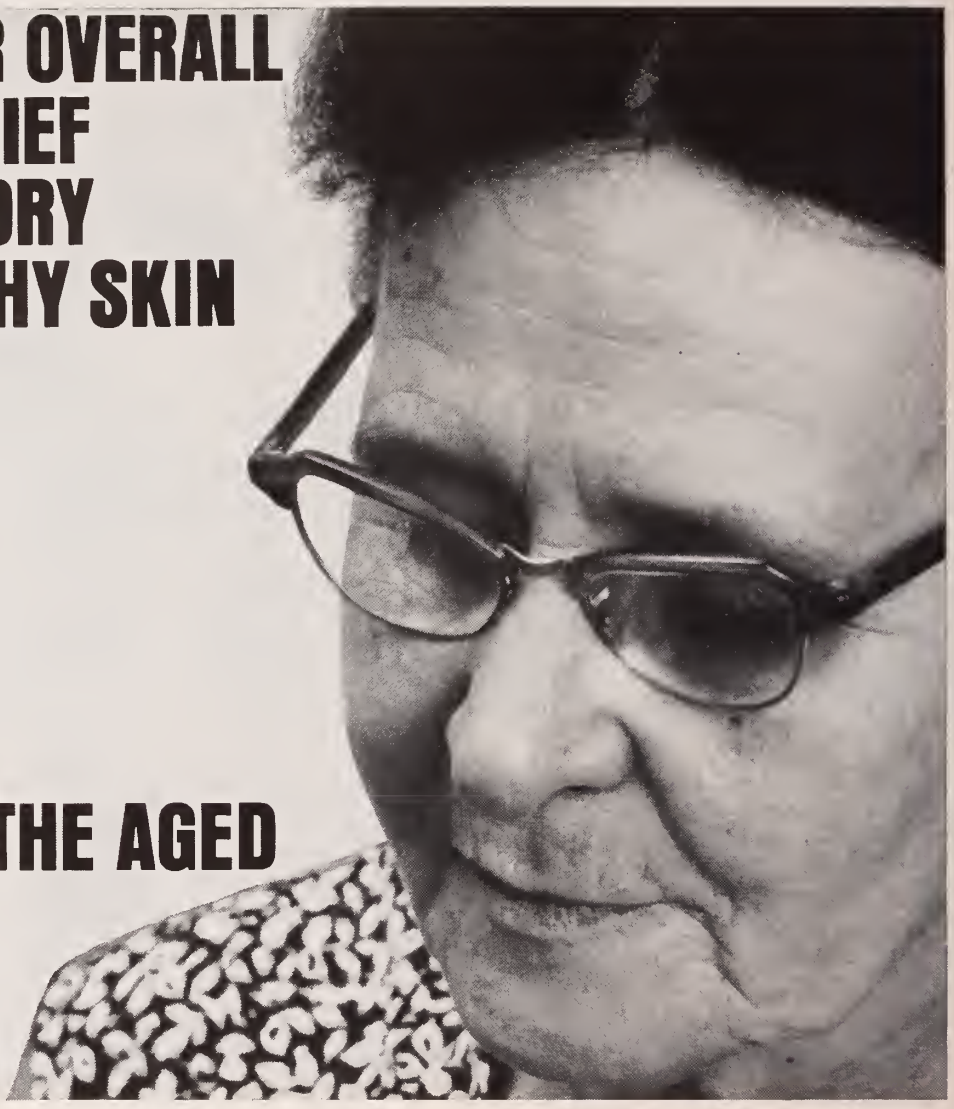
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1. Borota, A., and Grinell, R. N.: J. Amer. Geriatrics Soc., 10:413, 1962. 2. Spoor, H. J.: N. Y. State J. M., 58: 3292, 1958. 3. Lubowe, I. I.: Western Med., 1:45, 1960. 4. Weissberg, G.: Clin. Med., 7:1161, 1960. 5. Lieberman, W.: Amer. J. Proctology, 12:374, 1961. 6. Dick, L. A.: Skin, 1:341, 1962.

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1. Beck, C., *et al.*: Clin. Med. 7:519, 1960. 2. Teitel, L. H., *et al.*: Indust. Med. *29*:150, 1960. 3. Billow, B. W., *et al.*: Southwestern Med. *41*:286, 1960. 4. Physicians' Reports to the Medical Department, Armour Pharmaceutical Company, 1961.

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References: (1) Moyer, J. H., and Heider, C.: Am. J. Cardiol. *9*:920 (June) 1962. (2) Brest, A. N., and Moyer, J. H.: Pennsylvania M. J. *63*:545 (Apr.) 1960. (3) Hutchison, J. C.: Current Therap. Res. *4*:610 (Dec.) 1962. (4) Berry, R. L., and Bray, H. P.: J. Am. Geriatrics Soc. *10*:516 (June) 1962. (5) Feldman, L. H.: North Carolina M. J. *23*:248 (June) 1962.

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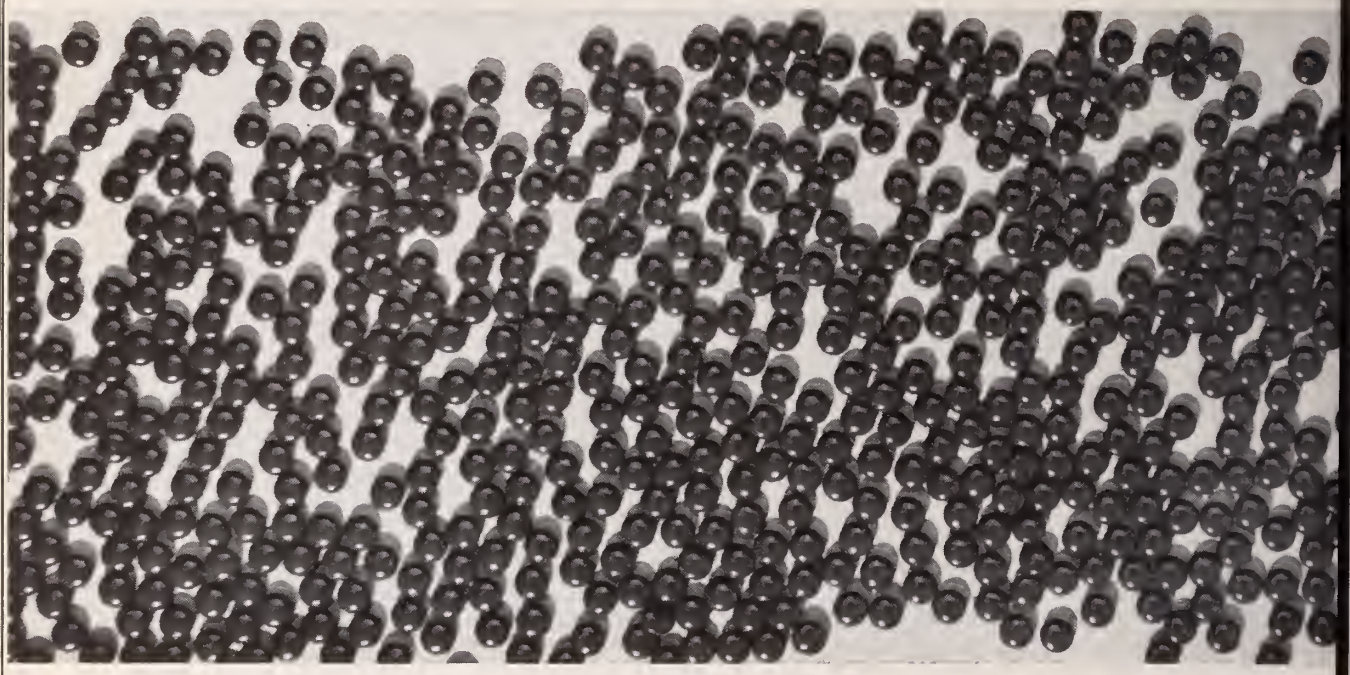
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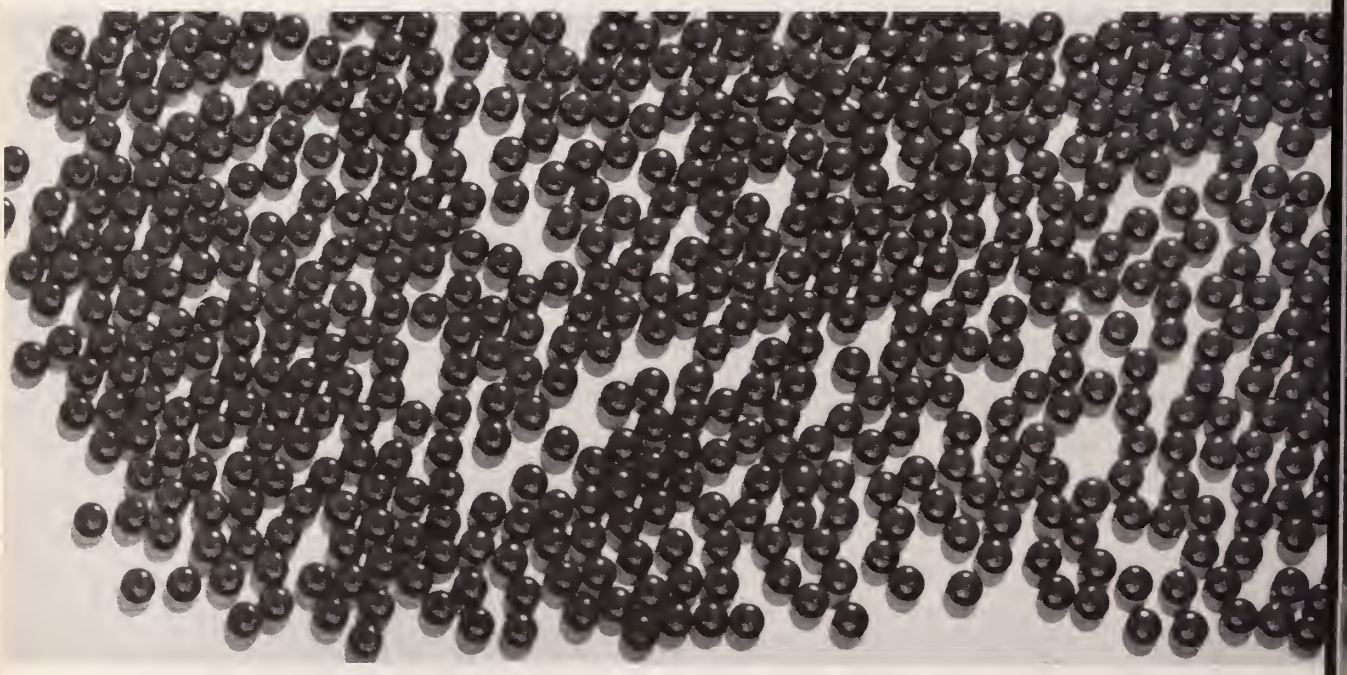
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Illinois Medical Journal

volume 123, number 5 may, 1963

illinois medicine / ***CLINICAL REVIEW***

Warm-Season Respiratory Allergy

Samuel M. Feinberg, M.D., *Chicago*

A professor of Medicine and Co-director of the Allergy Research Unit at Northwestern University Medical School, Dr. Feinberg is a world-recognized authority in the field of allergic disease. He is past president of the International Association of Allergology (1955-1958) and recipient of the Silver Medal of the City of Paris in recognition of his contributions to allergy.



Dr. Fienberg

During part or all of the warm seasons of the year 2 to 4 million people (10-20%) in the State of Illinois experience any or all of the symptoms of sneezing, stuffy or running nose, bleary and itching eyes, cough and asthma. Many of them continue their symptoms during the winter. The writer poses the question: Is this situation important enough for the physicians of the state to be interested in and to do something about?

On the basis of a number of surveys of various populations it can be conservatively estimated that 10-20% of Illinois residents have allergic rhinitis or asthma, most of them of the seasonal type. Of those who have hay fever a considerable percentage develop asthma, constituting about one-third of the ragweed cases. It is true that a large proportion of the seasonal allergies are mild or so trivial as to be easily cared for by simple medication or even no medication at all. Nevertheless, there is a horde of men, women and children who suffer intensely, with much loss from work or school and in many instances producing almost complete invalidism. Particularly in those whose season is a long one complications such as sinus infection, nasal polyp formation, emphysema, or chronic bronchitis may result.

The Causes

Why do these people become allergic while others do not? Anyone can become allergic to an extremely potent allergenic substance (such as penicillin or horse serum), but some people have the capacity to develop sensitizing antibodies easily to common substances. It is the readiness to develop sensitizing antibodies that distinguishes the susceptible from the not-so-susceptible person, and this characteristic is a genetic trait. Therefore, we say that allergy (of the type we are discussing) is usually inherited. If the asthma-hay fever type of allergy is present on one side of the family (it need not be evident in the parent) about one-third of the

From the Allergy Unit, Department of Medicine, Northwestern University Medical School.

offspring will have clinical allergy. If the inheritance is bilaternal about two-thirds will be prone to allergy. Why some of us become allergic to tree pollen, and others to ragweed, or fish, or peanuts, or molds, remains a complete mystery.

About 100 years ago it was established that the pollens of some plants cause hay fever and asthma. Over 30 years ago it was shown that the spores of molds commonly produce seasonal allergy. In the last 10 years we have come to realize that the scales or hairs of insects or the dust of their disintegrated bodies constitute a large source of inhalant allergy. To understand the nature of the seasonal respiratory allergies we must know some of the basic facts concerning these causes.

Pollen:/More than 100 years ago, Charles Harrison Blackley, a country practitioner of Manchester, England, began a series of experiments and observations dealing with the cause of hay fever. His experiences are recorded in his classic book published in 1873[1], in which he concluded that pollen, which in England comes chiefly from grass, is the cause of this disease. At about the same time Morril Wyman, Professor of Physics at Harvard, published his monograph, "Autumnal Catarrh (Hay Fever)"[2] in which he proved conclusively that the pollen of ragweed is the cause of autumnal hay fever and asthma in the United States. The impact of the germ theory of disease and the influence of the "nervous diathesis" school during that period combined to delay general acceptance of the pollen concept. However, at the present time, hardly anyone doubts that pollen is a common cause of seasonal allergies.

But after 90 years some people still suffer some misconceptions about what kind of pollen causes allergy. There are in general 3 types of pollinating plants: those which are self-pollinating, (violets, for example); those which depend on insects for cross-pollination (such as daisies); and those which are cross-pollinated by air convection. Roses, daisies, goldenrod, fruit trees, and thousands of other species of flowering vegetation possess large, sticky and sparse pollen and depend for cross-pollination on bees, butterflies and other forms of insect life. To attract these insects nature has provided these plants with attractive, colorful and/or scented flowers. Such pollen does not normally contaminate the atmosphere and, therefore, is not usually a cause of allergy. On the other hand, those plants which must depend on wind for carrying the pollen from one plant to another must produce tremendous numbers of light, small pollen which contaminate the atmosphere and are readily inhaled. These plants need not be attractive in order to entice insects for a visit. It is axiomatic, therefore, that hay fever plants are not very colorful nor markedly scented.

In discussing the varieties of pollens and seasons we shall confine ourselves to conditions in this area, which incidentally, can be applied to most of the Central States. Three major pollen seasons exist. The first is the tree season. In Northern Illinois it begins about April 1st and lasts till the latter part of May. In Southern Illinois it begins earlier. The hay fever and asthma in this season are of lesser incidence and of lesser average severity than in the other seasons. However, exceptions exist, in that some people have their most severe symptoms, in fact sometimes the only symptoms during that time. The first important trees to be involved are the elms and maples. Shortly thereafter the cottonwood poplar produces considerable pollen. In some localities ash, birch, walnut, sycamore and other trees may produce symptoms. In the month of May a variety of oaks produce considerable pollen, and in some areas this is a major season.

The midsummer season is caused by such common grasses as June grass (Kentucky blue), orchard grass, timothy and red top grass. In the northern part of the state it begins about the middle of May, reaches considerable intensity by Memorial Day, begins to decline after Independence Day and terminates for practical purposes by the third week in July. In Southern Illinois the season begins earlier and lasts longer. Grass pollinosis is more frequent and as a rule more severe than the symptoms produced by trees. This is the most important type of hay fever in most parts of the world where ragweed is absent.

Fall hay fever in Illinois is the most severe and most common type and is caused primarily by the pollen of short and giant ragweed. In some special localities burweed marsh elder or Russian thistle may be contributing factors.

In Northern Illinois the ragweeds begin to pollinate the first part of August, achieve sufficient atmospheric contamination to produce symptoms in most by the middle of August, reach a peak by the end of August or Labor Day, and terminate by the end of September or after the first frost. In the southern portion of the state the season begins *later.* This may appear paradoxical. However, it is easily understood when we realize that pollination (flowering) of ragweed is determined by the diminution of the amount of sunlight, which obviously takes place later in the season the farther south it is. Thus, for example, in parts of Canada ragweed will start pollinating in the latter part of July, even though the amount produced is sparse enough to make the season mild, whereas in Southern Texas ragweed will start pollinating the middle of September.

Fungi:/During the warm seasons all vegetation, such as grass, vegetables, and leaves of trees, support mold growth. Particularly is this true of the grains such as wheat, rye, oats, barley and corn. In most instances these molds live as saprophytes, but in other cases they constitute causes of specific plant disease. The seeds of these molds are the spores which contaminate the amosphere as readily as do pollen. They range in size usually from 1 to 50 micra and are easily inhaled and people readily become allergic to them.

Although we first called attention 30 years ago to these molds as *common* causes of allergy[3], some sporadic case reports had been described several years earlier. Indeed, Dr. Blackley[1], who did so much 100 years ago to establish the pollen etiology of hay fever, came near to discovering molds as a common cause. Only his preoccupation with pollen prevented him from attaching importance to other observations he made. To those practitioners who tend to doubt or negate their own clinical observations because they are contrary to the experience of others it might be important as an object lesson to cite some of the experiences of this man. He says, in part: "I had noticed many years before that the dust from straw sometimes brought on attacks of sneezing with me, and that this seemed to occur more frequently when we had had a long spell of wet weather. I, therefore, determined to try what fungi could be generated on damp straw." He grew *Penicillium* and *Chaetonium* molds on straw. "By inhaling the spores of the *Penicillium,* a severe attack of hoarseness, going on to complete aphonia, was brought on. This lasted for a couple of days, and ended in a sharpish attack of bronchial catarrh." "The sensation caused . . . were so unpleasant that I have never cared to reproduce them." ". . . in the case of the spores of the fungi it is possible that the phenomena they exhibit may be restricted to comparatively few individuals. . . ." Had Blackley persisted in these experiments molds as a common cause of seasonal hay fever and asthma would have been established 70 years sooner.

Mold allergy is exceedingly common in this area. Although in the majority of instances pollen allergy is also present, in some molds are the only cause. Mold allergy occurs from spring to fall and the length of the season for an individual depends in large part on the degree of his sensitivity. If he is very mildly sensitive he may have trouble only in the middle of the summer. If he is extremely sensitive he may be free from symptoms only when the soil is frozen or is covered with snow. Some of the points in the history or observation that should arouse suspicion of mold allergy are the occurrence of symptoms before tree pollination, or even in very mild periods in February or March; the persistence of symptoms long after ragweed pollination has ceased; the presence of symptoms *between* pollen seasons, such as in the last part of July and first of August; the occurrence of marked respiratory symptoms when pollen counts are low and spore counts are high; and a history of acute episodes around threshing, around stored grain, visit to a stable, a hay ride, mowing the lawn, or similar exposure.

The most important molds in this area are *Alternaria* and *Hormodendrum.* They produce about 75% of the spores which can be cultured on plates. There are a larger number of other molds, including *Penicillium,* smut and rust spores, and some unidentified varieties which contaminate the air. A point worth mentioning is that those who are allergic to molds and particularly to *Penicillium,* are no more likely to be allergic to penicillin than are other allergic individuals. Almost 20 years ago we

showed[4] that in a series of patients allergic to *Penicillium* mold, skin tests with penicillin were negative. However, it is to be remembered that allergic individuals, whatever their allergy, are more prone to develop an immediate type of sensitivity to penicillin than are those who do not have the allergic tendency.

Insects:/The stinging insects have long been known to produce allergic and even fatal anaphylactic reactions. Most important of these are the stings of the hornet, yellow jacket, wasp, honey bee and bumble bee. Indeed, according to the translation of hieroglyphics on the tomb of King Menes of Egypt who died in 2641 B.C.[5], his death was due to the sting of a hornet. Hay fever or asthma from inhalation of scales or hairs or pulverized bodies of insects in special environments have been also reported from time to time. However, the realization that general contamination of the atmosphere with particulate matter arising from disintegrated insect bodies might be responsible for frequent allergy did not occur to us until a comparatively few years ago[6].

Evidence for this opinion is supported by the following: Insects and their nests infest much of vegetation and constitute a source of air borne material. A large percentage of allergic patients give immediate whealing skin reactions to a variety of insect antigens. Of these individuals the majority have seasonal respiratory allergy. A significant percentage of these either react to insects alone or their reactions to other seasonal inhalants do not satisfactorily explain their seasonal pattern. For example, one who has symptoms from April to November and reacts to grass and ragweed pollen and insects but not to molds must be considered as clinically allergic to insects. Some patients whose desensitization with molds and/or pollen has not been very effective have had results improved by addition of insect antigens.

There is considerable cross reaction between species of insects; a person who reacts to one is likely to react to many. Since seasonal patterns of individual insects are difficult to define we use about a dozen or so of antigens from insects which we are able to obtain in pure form in quantity, which are known to be present in abundance and which are fairly representative of a number of others.

Not all seasonal symptoms can be satisfactorily explained by the above agents. There are possibly still other unidentified seasonal antigens.

Nonspecific factors:/As with nonseasonal respiratory allergy, a number of contributing factors can aggravate or actually precipitate the seasonal allergic symptoms. An impending electrical storm, a marked drop in temperature, increased humidity and strong air movement are among the weather factors which can aggravate respiratory allergy and particularly asthma. An inter-current respiratory infection is almost certain to create trouble. General metabolic effects, such as fatigue, emotional upsets and tension may also worsen symptoms. Distinct from the above are the weather factors which modify the antigen contamination. Warm and windy weather will increase pollen, mold and insect antigen concentration. Contrary to general belief, it is *dry* weather (preceded by moist) which causes the greatest mold spore dispersion. Sunshine is necessary for pollination, but not for mold sporulation.

The Diagnosis

We shall omit from discussion the obvious need to determine in any patient the possible presence of other disease and the possible complications of his respiratory allergy. We shall confine ourselves to a consideration of diagnosis of the nature of the presumed allergic complaint and the diagnosis of the causative agent(s).

If the nasal blocking comes and goes, the secretion is clear, the turbinates are edematous and usually pale, and the secretion contains cosinophiles the diagnosis of nasal allergy is complete. Whether it is seasonal or not depends on the history of a repetition of a seasonal pattern and sometimes subsequent observation. In bronchial allergy a cough may be the only symptom, or there may be dyspnea, wheezing and the expectoration of clear tenacious mucus full of eosinophiles. Here, too, the seasonal nature is suspected from the history. In fact, in many instances the nature of the allergy may be almost completely ascertained by the particular seasonal pattern. In many, of course, as with multiple pollen allergy or molds, it is

impossible to determine this definitely from the history alone.

Skin tests should be done. Almost anyone can learn to do and interpret simple scratch tests. The average physician can and should handle at least the simple allergy cases, and with a little reading and experience, a knowledge of the facts and the possession of several active antigens, the general physician should be able to handle simple diagnoses. My observations indicate that it is not in the performance of the tests that the nonspecialist is apt to fail but rather in their interpretation. One can obtain positive reactions to grass pollen, or to goldenrod, or to Southern ragweed or to molds and insects, but if the patient's symptoms occur only in August and September his *symptoms* cannot be caused by grass or molds or insects, while Southern ragweed is hundreds of miles away and goldenrod pollen is insect borne. The antigen giving the skin reaction must be known to be present in abundance in the environment of the patient. It is true that the patient is immunologically allergic to these things; he has antibodies to them. But it is equally obvious that they do not concern him clinically. It is quite clear, therefore, that the diagnosis is not a matter of skin tests alone but history, skin tests, interpretation and frequently observation.

Management

The care of seasonal hay fever and asthma can be divided into two categories—symptomatic or specific attention to the allergic cause.

Symptomatic treatment of hay fever:/This can be the sole therapy or can be carried out in conjunction with specific management, depending on the severity and nature of the case. For most instances of mild rhinitis or very rare wheeze symptomatic treatment alone may be adequate.

Antihistamines orally are the usual drugs of choice for the nasal symptoms. There are dozens of antihistaminic drugs, scores of brand names for the same drugs and hundreds of various preparations and combinations. Too often we have seen dozens tried on a patient in the hope of finding one that will be effective. All antihistamines have a common mode of action. When three or four have been tried without effect it is useless to subject the patient to further simple antihistamine therapy; he needs other medication. The choice of an antihistamine for a particular individual depends mainly on the side effects it produces. If he is easily sedated he should have one which is less sedative. If sedation is an advantage he should be given one of the more sedative varieties. For example, the following are several useful antihistamines in the order of increasing sedation: Thephorin® (phenindamine), Dimetane® (brompheniramine), Chlor-Trimeton® (chlorpheniramine), Pyribenzamine® (tripellenamine), Benadryl® (diphenhydramine), and Phenergan® (promethazine). The physician can choose such or a similarly selected group for his armamentarium and do as well as with a large assortment. Some of the above antihistamines are combined with drugs to counteract the sedative effects. Among such combinations are Plimasin® and those that contain vasoconstricting agents.

There are many situations where the antihistamines alone are not very effective. This may be particularly true of those cases with marked nasal stuffiness. In such instances the addition of a vasoconstricting medication may produce added benefit. Among such useful combinations are Actifed,® Co-Pyronil,® Triaminic,® Algic® and Dimetapp.® Occasionally drugs having a different action may be helpful. Among these are Periactin® (antiserotonin) and Bellagral® (drying effect). Constricting nose drops should not be used, except in extreme emergency or in the presence of infection to promote drainage. The repeated use of potent vasoconstrictors almost certainly will lead to a rebound effect on the turbinate swelling, resulting in increased symptoms. If used at all a milder preparation, such as Otrivin® (xylometazoline) will do less harm. Antihistamines topically in the nose are of little value, but the use of a spray or drops of corticosteroid preparations may be helpful in stubborn cases.

If eye irritation or itching is not relieved by oral antihistamines topical preparations can be helpful. Epinephrine solutions, particularly those to which a local anesthetic has been added, may be temporarily gratifying. For example, one preparation I find useful has the following composition:

Holocaine	0	1
Epinephrin 1:1,000	4	0
Normal saline *ad*	30	0

For stubborn or persistent eye irritations topical ophthalmic preparations of corticosteroids, such as hydrocortisone ophthalmic ointment or drops, Prednephrine, etc., may be helpful.

Symptomatic treatment of asthma:/For some of the very mild symptoms, particularly in children, antihistamines may be of benefit. As a rule, however, other more effective remedies are required.

For most moderate attacks various combinations of ephedrine with or without aminophylline are adequate to give sufficient bronchodilatation and vaso-constriction. Among such combinations are Tedral,® Amesec,® Ephetal,® Bronkotab,® etc. Those who do not tolerate the usual ephedrine may tolerate racephedrine better, such as in Amodrine.® But there are some in whom even racephedrine produces undesirable side effects (stimulation, prostate effect, etc.). In such instances Franol® (benzylphedrine) or Propadrine Hydrochloride is worth trying. Aminophylline alone orally is not usually effective in the doses tolerated. However, it would appear that some special preparations, such as Elixophyllin,® are handled better. Recently it has been found that at least in some instances of moderate asthma Norisodrine® (isoproterenol), such as Syrup of Norisodrine, can be effective.

A quick and easy remedy useful in most cases is the inhalation of a spray of isoproterenol (Isuprel® or Norisodrine®). This can be nebulized by the compressions of a bulb nebulizer or released from a handy pocket gadget in which the solution is kept under pressure with Freon. Although the effect of such inhalations may be relatively short the results are rapid and may prevent the progression of the asthma before the oral medication has had a chance to work. It can, of course, be combined with oral medication. Isuprel linguettes placed under the tongue may also give a similar effect, although the spray is less disturbing.

If the asthma is more severe or resistant to the above types of medication, aminophylline rectally may be effective. If none of these home measures suffice epinephrin intramuscularly or aminophylline intravenously will be required. The usual error is to give too large a dose of epinephrin. A dose of 0.25 cc or 0.30 cc in an adult or .15 cc in a child usually suffices. It is better to give too little and repeat it in a few minutes than to give too much and produce tachycardia, nausea, severe headache and nervousness. Sometimes a small dose of epinephrin followed by i.v. aminophylline (250 mg in 10 cc) will yield the quickest and most lasting combination.

In the persistent cough with tenacious sputum, potassium iodide is indicated. The medication will be better tolerated and the patient will be grateful if the potassium iodide is given in the form of enteric coated tablets (5 grs.), usually beginning with 6 a day. One has to watch, of course, for types of iodine intolerance, such as increased rhinorrhea or cough, salivary gland swellings, acne, fever, etc.

Corticosteroids:/These anti-inflammatory agents are indicated in seasonal asthma when considerable symptoms persist in spite of the treatment outlined in the preceding paragraphs. The corticosteroids are neither required nor rapidly enough effective in the treatment of the usual acute asthma attack. In unusually severe hay fever where response to usual medication or specific treatment is inadequate, or under special circumstances (social, business, etc.) where an effective relief of hay fever is an important issue, temporary use of corticosteroids may be indicated.

There is very little difference in effectiveness of the type of steroid used. The pattern of side actions may differ somewhat with each steroid but the antiallergic effect is pretty much the same providing the proper dose is employed. Thus cortisone and hydrocortisone are more sodium and water retaining; prednisone, dexamethosone, Medrol and Alphadrol much less so; and triamcinolone least. However, cortisone and hydrocortisone produce less muscular cramps or subcutaneous hemorrhages, and triamcinolone is less appetite stimulating and more anabolic. The ulcerogenic, Cushingogenic and diabetogenic tendencies of these drugs differ very little. Needless to say, the undesired effects must be carefully watched, particularly in those with predisposition to peptic ulcer, diabetes, tuberculosis, physchoneuroses, or some other metabolic disorders.

One of the most common errors in steroid

administration is to give too little of the drug in the initial doses. For example, a daily dose of 15 mg. of prednisone (or the equivalent of another steroid) may prove to be ineffectual in a particular individual if given for weeks, whereas twice that dose may give excellent results in 24 to 48 hours and it may be possible to taper off to a daily maintenance dose of 10 or 5 mg. The usual average initial daily dose is 20 to 30 mg. of prednisone and the usual maintenance does 7½ mg. It is best divided into 3 daily portions. Antacids or Probanthine may be an addition advisable in some instances with tendency to gastric hyperacidity or ulcer. The dose should be gradually reduced and an attempt should be made to discontinue it entirely. In the majority of instances we have not found it necessary to give supplementary ACTH injections. Neither have we found that the injectable steroids have any particular advantage for systemic effects.

We shall now discuss briefly the specific management of seasonal respiratory allergies.

Avoidance of specific agents:/At home or at work a window filter, or better still, central air conditioning, may be of considerable help, more for the hay fever than for the asthma. The room or central units which have in addition an electrostatic precipitator are the most efficient. For short periods of special exposure a simple face mask may be advantageous. Nasal filters are inefficient and impractical. Common sense in avoiding long country rides, trudging through weeds and farmland, having windows wide open at night, and similar precautions are obvious.

In very severe cases temporary sojourn to a special area may be advisable. But in all cases where a climatic or geographic change is contemplated the allergy of the patient and the situation of the area must be known. Thus the ragweed sensitive person could be completely relieved on the Pacific Coast, Northwest, Southern Florida and high altitudes in the Rockies, while in some areas in the East, Northern States or Canada and Southwest he might be materially relieved. The grass pollen case would likely change his 6 week season to a several month season if he went to the West Coast, but would do better in dry areas or very high altitudes. Tree sensitive patients would require a desert area or very high altitudes or a strictly pine zone, since pine pollen does not produce allergic symptoms. The mold sensitive patients would improve away from the Central States and do better on the coasts, dry areas and high altitudes. Insect sensitive patients are worse the farther south they go, unless the areas are very arid. In severe allergies with seasons of long duration which do not respond sufficiently to symptomatic and specific therapy a permanent move might be necessary.

It is helpful to keep ragweeds in the immediate vicinity cut down or treated with weed eradicators. It should be realized, however, that the ragweed pollen is conveyed for many miles. Only an extensive weed eradication program can give significant aid. Thus far such efforts have not been highly successful, largely because the weeds infest crop lands and other areas inaccessible to weed eradication and because the ragweed seed may lie dormant in the soil for as long as 20 years. A ragweed eradication program is at best a long term project.

Desensitization:/The principle of desensitization is the use of increasing doses of the specific antigen to increase the tolerance of the individual. It is not a quick nor fool-proof method of treatment. It is not to be recommended either to the physician who does not take the effort to become familiar with it, nor to the patient or physician who is lacking in patience. But with proper attention to details of choice of antigens, proper progression of dosage so as not to under- or over-dose, the majority of patients benefit in time. To give the proper antigens it is absolutely essential that the principles already covered—such as wind pollination, compatibility of the antigen with the season of symptoms —be intelligently observed. Systemic reactions, such as urticaria, hay fever, asthma or anaphylaxis, can be minimized by keeping the doses down to tolerance as observed by local reactions, and precautions taken to avoid intravascular injection. Desensitization is deserving if the asthma is appreciable or the hay fever is severe.

Schemes of desensitization vary. The usual method is to give preseasonal treatment and to continue on a perennial basis after the season, usually at two week intervals. Most patients do better on perennial treatment but a few obtain better results if the treatment is given pre-

seasonally. Improvement normally occurs the first season and is usually greater the second season. The duration of treatment varies considerably with the individual. If he has had two excellent seasons he is likely to get along well for one or more seasons subsequently, and in a few instances indefinitely, without treatment. If symptoms recur the patient usually responds to desensitization more quickly than he did originally. There is no reason why the average practitioner cannot diagnose and treat specifically the simpler seasonal allergy cases and collaborate with the allergist in carrying out the treatment of the more complicated ones.

In recent years there has been considerable interest and publicity in the so-called "one-shot" treatment. In principle this consists of the injection of a large amount of antigen emulsified in mineral oil for slow absorption. While there is much work to be done to finally settle the pros and cons of this method, the following impressions have been gained by us from several years of experience. It is not a fool-proof method. Systemic reactions can be minimized, but only if the physician is expert at preparing and examining the emulsions and uses methods of evaluating the tolerence of the patient. Local unabsorbed lumps tend to be fairly common. Although we have not had any instances of abscess formation, abscesses have occurred often in the hands of others. This is especially apt to happen in children, Negroes, with the use of irritating materials (insect antigens, some house dust preparations, etc.) and with *the use of an antigen to which the patient is not allergic.* We have shown repeatedly in an experimental study in a prison that an emulsified antigen injected in subjects who are not allergic to it will produce a delayed skin sensitivity to that substance in a large percentage.[7] It is precisely that delayed local inflammation at the site of emulsion injection which can finally result in a breaking down of tissue and abscess formation.

Usually two injections are advisable for each antigen. For example, if the patient is allergic to trees, grass and ragweed, a total of 6 injections will usually be required in order to administer the doses at the usual time of several weeks before each season. The results of such therapy appears to be excellent in some cases but poor in others. The overall results appear to be better with the conventional aqueous, multiple dose method, but individual exceptions exist. Our feeling at present is that the conventional aqueous desensitization is the method of preference. If the patient has failed to obtain good results by this method, or if because of inaccessibility to repeated injections he is likely to go without treatment, the repository method is indicated.

The average practitioner does not have the facilities to prepare or examine such materials. Commercial preparation of antigen emulsions are unavailable and are unlikely to be so in the near future, since the F.D.A. has been averse to approving such preparations for sale. Our present advice to the nonspecialist is to confine his desensitization to the conventional method.

Summary

1. Seasonal allergy, such as hay fever and asthma, is very common, particularly in the Central States.

2. It is caused chiefly by pollens of trees, grasses and ragweed, by the spores of common molds such as *Alternaria* and *Hormodendrum,* and by insect particles.

3. With a knowledge of the causes and seasons and simple testing techniques the nonspecialist can correctly diagnose many of these cases.

4. The mild seasonal cases can be treated effectively with simple medications. The more severe or persistent cases require desensitization. Corticosteroid therapy is needed, at least temporarily, in special severe episodes.

5. The average nonspecialist can effectively treat a good many seasonal respiratory allergies.

6. The repository method ("one-shot") is not recommended for the nonspecialist.

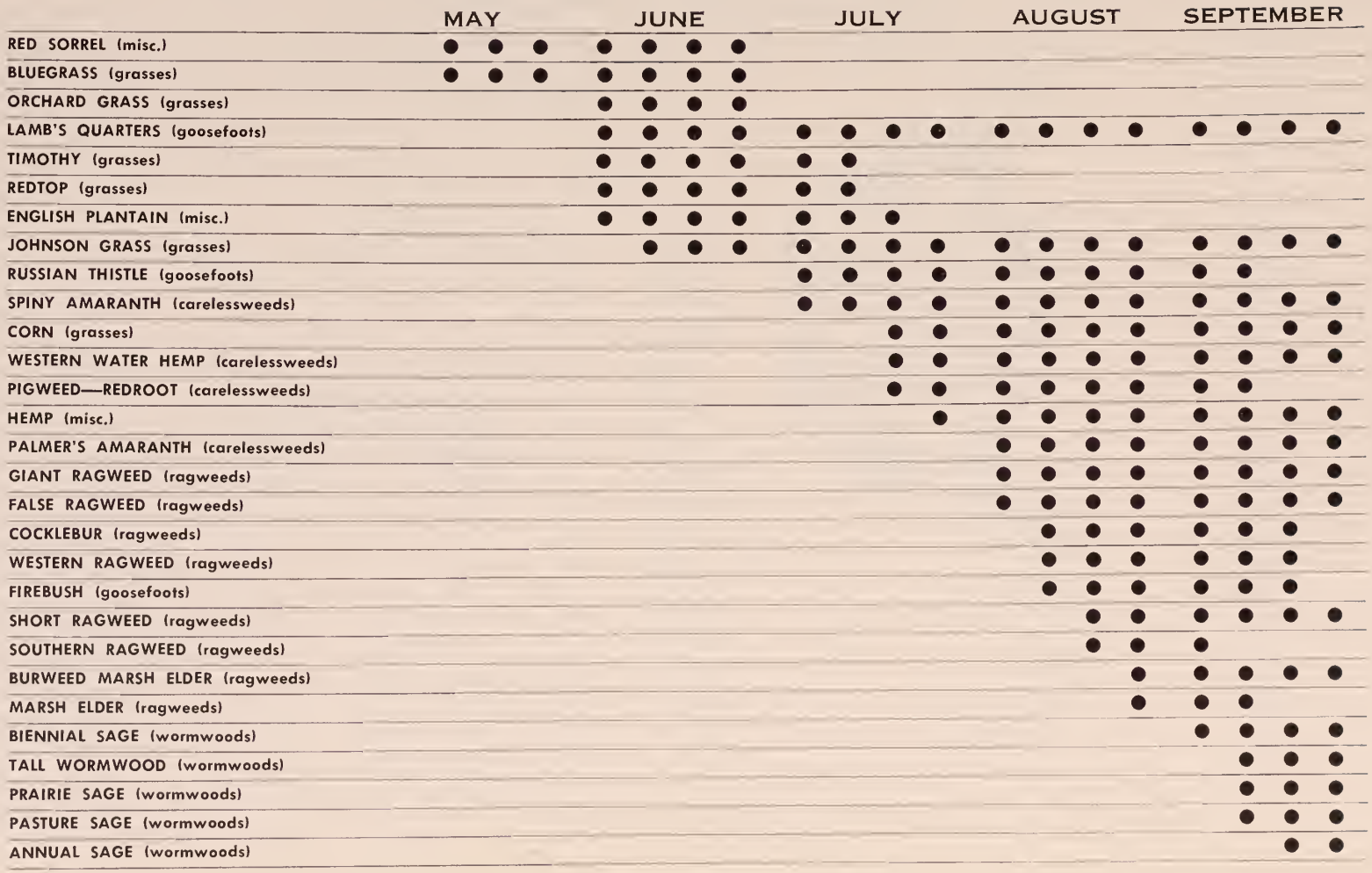
REFERENCES

1. Blackley, C. H., "Experimental Researches on the Cause and Treatment of Catarrhus Aestivus (Hay-fever or Hay-asthma)", London: Bailliére, Tindall and Cox, 1873.
2. Wyman, M., "Autumnal Catarrh (Hay Fever)", New York: Hund and Houghton, 1872.
3. Feinberg, S. M., "Mold Allergy: Its Importance in Asthma and Hay Fever," Wisconsin Med. J. 34: 254, 1935.
4. Feinberg, S. M., "Penicillin Allergy: On Probability of Allergic Reactions in Fungas-Sensitive Individuals; Preliminary Experiments," J. Allergy 16: 302, 1945.
5. Waddell, L. A., "Egyptian Civilization: Its Sumerian Origin and Real Chronology, and Sumerian Origin of Egyptian Hieroglyphics," London: Luzak and Co., 1930.
6. Feinberg, A. R., Feinberg, S. M. and Benaim-Pinto, C., "Asthma and Rhinitis from Insect Allergens. 1. Its Clinical Importance," J. Allergy 27: 437, 1956.
7. Feinberg, S. M., Becker, R. J., Slavin, R. G., Feinberg, A. R., and Sparks, D. B., "Sensitizing Effects of Emulsified Pollen Antigens in Atopic Subjects Naturally Sensitive to an Unrelated Antigen," J. Allergy 33: 285, 1962.

POLLINATION CALENDARS FOR ILLINOIS
Ragweeds — Grasses — Trees — Shrubs

Data for the following pollination calendars apply to the territory in the latitude of Central Indiana and Illinois. They must be modified to suit the shorter and longer seasons of other localities.

POLLINATION CALENDAR 1. RAGWEEDS AND GRASSES



POLLINATION CALENDAR 2.
WIND-POLLINATED TREES AND SHRUBS

NAME	AVERAGE TIME OF POLLINATION
Silver Maple	February-March
Hazelnut	February-March
Alder	March
American Elm	March-April
Cottonwood	March-April
Willow	March-June
Box Elder	April
Sycamore	April
Birch	April-May
Ash	April-May
Red Oak	April-May
Bur Oak	April-May
Black Oak	April-May
Sweet Gum	April-May
White Oak	April-May
Beech	April-May
Black Walnut	April-June
Hickory	May-June
Tree of Heaven	June

(Pollination calendars supplied courtesy of Abbott Laboratories, North Chicago, Illinois)

The Yawning Reflex in Hypothyroidism

Raphael Isaacs, M.D., *Chicago*

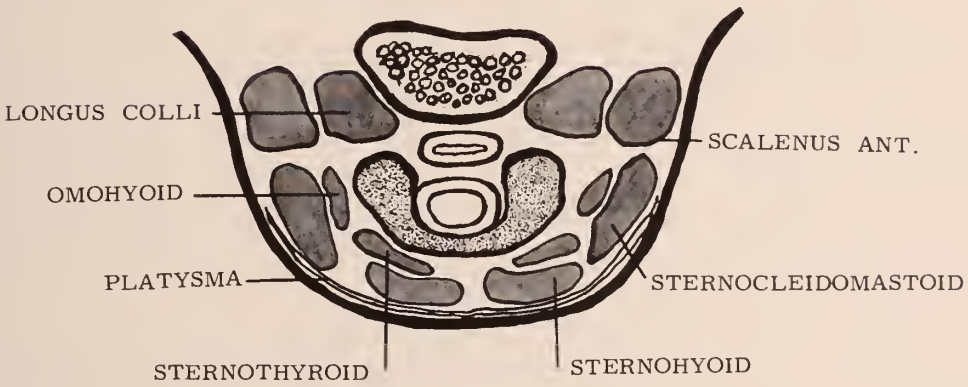


FIGURE 1.

Muscle curtain around the thyroid gland, and its relation to the vertebra (back-stop) and the trachea (protective; elastic; pneumatic).

The process of yawning, while common to man and many animals, still remains a puzzling physiological process. Because of certain social implications and its association with boredom, its discussion frequently calls out some facetious remarks. The textbooks of physiology have not been very elucidating and frequently relate the process to some feature of respiration. In 45 books examined, the word "yawn" was not even in the index. The subject has been reviewed by Heusner.[1]

The typical yawn is characterized by a tightening of the muscles attached to the hyoid bone, with secondary contraction of related muscles in the neck and mandibulo-pharyngeal region. The eyes usually close when the yawn is uninhibited and the muscles in the thorax tighten. The largest elevators of the os hyoides are the digastricus, the stylo-hyoids, mylo-hyoid, genio-hyoid and geniohyoglossus. The depressors of the os hyoides are the sterno-hyoid, sterno-thyroid, thyro-hyoid and omo-hyoid (Fig. 1). These are innervated from the 2nd (1st to 3rd) cervical nerve segments. Other collateral muscles are involved. This results in the depression of the lower jaw. The yawn starts in the course of an inspiration and is followed by finishing the interrupted expiration. A non-suppressed yawn lasts from 1 to 3 seconds, common during fatigue, in the cold, in certain crowded rooms and presumably is affected by boredom or by seeing others yawn or by thinking about it.

A possible function of yawning is suggested by the following observation. A 26-year-old man had a non-symptomatic thyroid cyst present from childhood. A hemorrhage developed in the cyst and it enlarged to such an extent that it had to be removed, with part of the thyroid gland. About a week later, the patient noted that he began to yawn frequently, the tightening of the muscles tearing painfully on the operative wound. During the following month the yawning became more marked and the pulse rate, which had been 72, now depressed to 66, later to 60 and in the following

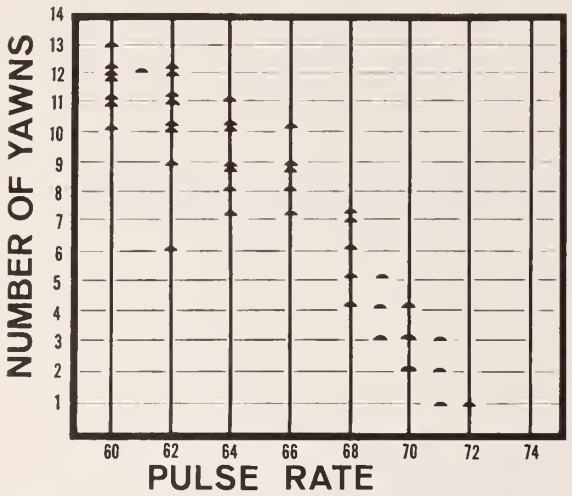


FIGURE 2. Number of yawns per 30 minutes in an individual with hypothyroidism who was being treated with increasing doses of thyroid extract.

years, to 50. The yawning frequency increased, with associated fatigue. The reaction suggested the idea that yawning may be a mechanism to squeeze the thyroid gland, when the body tissues needed more thyroid secretion. During the contraction of the muscles which compress the gland, the thyroid itself is evidently held in place and kept from slipping by the levator glandulae thyroideae muscle, which is attached to the hyoid or thyroid cartilage and upper border or isthmus of the gland. It is possible that when the pressure is exerted on the gland, some of the thyroid secretion in the cells may pass more readily into the blood stream or more blood may be expressed from the gland. The nature of the mechanism which initiates the process is not known; it may be hormonal or it may be a nervous mechanism, but ultimately it causes contraction of the muscles and compression of the gland. Incidently, the parathyroid glands would also be subject to similar pressure. The mechanism can evidently be triggered by visual or mental stimuli.

To test this hypothesis, the patient was given Thyroid, 1 grain daily, increasing it at 4 week intervals until he was getting 4 grains daily. The rate of yawning decreased markedly as the heart rate approached 72 and the yawning ceased entirely when the rate was about 80, even under the most trying circumstances (Fig. 2). On stopping the medication, yawning started in 9 days and increased in frequency after that. These observations have been repeated many times in this patient for 45 years and in patients while their doses of thyroid were being adjusted. These experiments were started in 1917 and have been under critical study during the following 45 years.

With this in mind, patients who complained of fatigue could be divided into 2 groups, those who yawned frequently and those who did not. At this point it is important to emphasize that the mere questioning of a patient—"Do you yawn frequently?" may not bring out the correct answer. Many people yawn and do not notice it. As an example one patient said emphatically that he never yawned, yet while watching him during a period of 30 minutes, without attracting attention, he yawned 21 times. Occasionally questioning friends or associates of the patient may be helpful in this connection. It is wise to observe the patient for some time before asking about yawning, as this may disturb his reaction by making him conscious of it.

In an analysis of a group of 112 patients whose complaint was "ease of fatigue" it was found that those who responded to thyroid medication had the following characteristics:

I. Frequent yawning, especially in the latter part of the morning and in the afternoon.

II. Slow pulse (except those whose pulse was accelerated in association with anemia, fever, or in secondary hypothyroidism associated with pituitary deficiency or slowed after Serpasil or similar therapy, or in the congenital form).

III. Tendency to increase in weight.

IV. Increase of hemokonia (presumably cholesterol)noted on unstained blood films. (This can easily be seen by cutting down the light in the microscope with the substage diaphragm and studying the fine granules between the red blood cells. On staining the micro-crystals washed away).

Patients who do not show these characteristics usually complain of "jitteryness" when thyroid medication is given. Non-treated patients with true hyperthyroidism do not yawn. Patients with leukemia or polycythemia vera in relapse have ease of fatigue but may not yawn frequently or at all.

The actual test to see if an increase in thyroid secretion appears in the circulation after the 1 to 3 seconds of yawning would involve the micro-assay of the amount of thyroid in the blood of the thyroid veins and in the peripheral circulation before and after yawning. The observance of frequent yawning is simpler and less expensive than the measure of the uptake and clearance of radio-active iodine and the measure of protein bound iodine, or the basal metabolism determination and is free of some of the complicating features of these tests.

When the thyroid gland is inadequate, compression may not be effective, and it is repeated many times with a lack of response. The maximum number of times may be determined by the degree of adequacy of the thyroid tissue, normally once or twice giving a response, whereas in a poorly functioning thyroid numerous compressions may be necessary. The process if affected by (a) loss of sleep, (b) cold and (c) sedatives. The relationship to the pulse rate is affected by (a) anemia, (b) unusual fatigue, (c) coffee and stimulating medication and (d) certain sedatives (e.g. Serpasil).

Heusner[1] recorded a temporary increase in the heart rate after yawning, from 70 to 80 in 10 seconds, and in another observation from 80 to 90. This is compatible with thyroid stimulation. He also noted a vasoconstriction of the digital vessels.

It is suggested that yawning is a mechanism to cause the entrance of increased thyroid secretion into the blood stream when the body requires it.

REFERENCE

1. A Price Heusner. Yawning and Associated Phenomena. Physiol. Rev. *26:* 156-168 1946.

New Drug Advertisements

Will this (new drug) law and the regulations hurt journal advertising? It is difficult at this point for me to give a categorical answer to the question. Certainly, we are not going to stop advertising. The requirement that we give a brief summary relating to side effects, contra-indications and effectiveness will not deter manufacturers from advertising provided the regulations are reasonable. However, there is one respect in which I am afraid all advertising will bt affected. Our largest advertising budgets are devoted to the promotion of new products. In my opinion, present administrative procedures and the requirements of the new law will indisputably slow down the development and marketing of new drugs, which means that each year we will have fewer new drugs to advertise. However, as an offset against this, having invested more in the development of a new drug, we will be willing also to invest more in its promotion because we can't take a chance of faltering in this final payoff step. And, it is entirely possible that the net effect on journal advertising will be unchanged in the long run. *Theodore G. Klumpp, M.D., President, Winthrop Laboratories, in Rocky Mountain Medical Journal, Dec. 1962.*

The Juvenile Amputee

CLAUDE N. LAMBERT, M.D., *Chicago*

By definition a Juvenile Amputee is one who is not yet skeletally mature. This is usually judged by taking x-rays of the knees which will show the lower femoral and proximal tibial epiphyses. If these are still open, thus denoting further growth, this child is still considered a juvenile but when these epiphyses close and growth no longer is a factor then the child ceases to be a juvenile and to all intents and purposes is treated and fitted as an adult. Legally however, in some states, and Illinois is one of these, a child is a juvenile until age twenty-one and is followed through the State Division of Services for Crippled Children until he reaches age twenty-one. In this state we are quite fortunate in that after twenty-one this same child, now an adult, may be followed and educated or given vocational training through the State Division of Vocational Rehabilitation; thus there is a continuity of follow-up.

The chief differences between the juvenile child and the adult are as follows: The child is dynamic in that he is growing, dependent, is untrained in life's disciplines and has very limited responsibility, but is quite malleable as far as physical, social and emotional problems are concerned.

The adult by comparison is in an aging stage, is independent, should be trained in life's disciplines and should also be responsible, socially, and economically, and has developed a more fixed personality.

The growth factor in the child is quite important because the child shows not only longitudinal but also circumferential growth. The child is usually a member of a family group and has few independent social responsibilities. Also the child or juvenile is not required to be self supporting and the amputation is not of economic importance to him at the time of amputation. Quite frequently his vocation is oriented around his handicap and advanced education can be planned to include the handicap with its limitations and needs. Thus it will be seen that the child amputee presents many different types of problems than does the adult.

The juvenile amputees as far as classifications are concerned are divided into two main categories, the acquired and the congenital. The acquired amputations are primarily due to trauma of which childhood recreations, thermal, household, railroad, vehicular, gunshot and explosion and farm and power tools are the chief causes. In this group, as would be anticipated, boys far outnumber the girls. This is probably due to the fact that boys are more venturesome in their early years.

The second group under this heading are those in which the amputation was done secondary to an infection, for example, osteomyelitis, tuberculosis or open or compound fractures. With the advent of antibiotics, there have been fewer children in this category who have needed amputations.

The third group comprises those whose amputations are necessary for control or eradication of malignant tumors. A large percentage of children's tumors are malignant and amputation is frequently necessary.

The second main group are those that are called congenital. It is quite true that some of these are probably due to true intra-uterine amputations. Most of these however, are now considered to be congenital anomalies, in that some factor or factors produced abnormal changes in developing limb buds and this

Clinical Professor, Orthopaedic Surgery, University of Illinois College of Medicine; Director of Amputee Clinic, University of Illinois; Lecturer in Orthopaedic Surgery, Prosthetic Education, Northwestern University Medical School.



FIGURE 1 (left). A congenital amelia on the right side and a congenital phocomelia on the left side.

FIGURE 2 (right). This child fitted with adequate prosthesis on the phocomelic side. Chest starp for control of the terminal device and a nudge control for the elbow lock.



abnormality may result in failure of development of entire limbs or of certain portions of limbs. Examples of these are as follows: an amelia denotes the absence of an entire limb so that in the upper extremity there would be total absence of all limb elements below the shoulder and in the lower extremity a total absence of all limb elements below the hip. Or we may have a portion of a limb present, a so-called hemimelia or half-limb, and the most common example of this is the short below elbow level of amputation or a transverse hemimelia upper distal.

There may also be absence of specific bones, for example, the radius may be present in the upper extremity with an absent ulna or the reverse of this. And in the lower extremity the counterpart would be the presence of a tibia and the absence of the fibula. Or again the reverse of this anomaly.

A term that has come into recent widespread use is that of Phocomelia. This literally translated means a seal-like limb or flipper, and in such cases the deformity presents as some of the finger elemenets being present at shoulder joint level without radius, humerus or ulna. In the lower extremity, foot elements are present adjacent to the pelvis without intervening femur, tibia or fibula. (Figs. 1-2)

At times it may be necessary to sacrifice some present distal elements, for example, a foot, portion of leg or portion of arm for better prosthetic fitting. In such cases these children are referred to as conversion amputations in that their congenital anomaly has been converted to a level of amputation for better prosthetic use and function. (Figs. 3-4-5)

FIGURE 3 (left). Congenital anomaly of the right lower extremity, absence of tibia, deformity of fibula and severe club foot.

FIGURE 4 (center). Knee disarticulation level of amputation.

FIGURE 5 (right). This patient fitted with a standard knee disarticulation type of prosthesis.







Bony overgrowth or the bone "growing out through the skin" is not an uncommon occurrence particularly in the acquired group of amputees. Until recently it was felt that bony overgrowth in the congenital group never occurred, but within the last two years we have had three congenital amputees who have shown bony overgrowth to such an extent that revision of the amputation was necessary, and the projecting bone was resected. In all of these cases the children had been wearing prostheses, and it may be possible that the prostheses irritated the end of the stump by becoming too short or too tight, and this factor might have accounted for the bony overgrowth. We have not seen bony overgrowth in the congenital amputee where there has been no prosthetic replacement. In the acquired group bony overgrowth is not uncommon particularly in the humerus, fibula and tibia in that order. The fact that the child has a bony overgrowth or might have is no contraindication to early prosthetic fitting and replacement. It is a rather simple procedure to revise the stump and the child can rapidly again use the prosthesis with few or no changes in the prosthetic fitting. Once the child has demonstrated bony overgrowth, frequent revisions are not uncommon.

Phantom pain and/or phantom limb has really never been a factor in the true congenital amputee, because this individual has not developed nerve elements going to a distal limb and so there would be no reason to anticipate either phantom pain or phantom limb.

In the acquired group however, the occurrence of these phantoms are extremely rare in the younger child. If the primary amputation is done under age six or seven we have no recorded instance of either phantom pain or phantom limb. If the amputation is done between seven and twelve the child may have phantom pain and/or phantom limb but if so the fact must be brought out by questioning the child quite carefully and even suggested to him by the examiner. Thus it is not a major problem in itself. Over age twelve at the time of amputation the child may have either phantom pain or phantom limb or both in about the same proportions as seen in the adult but certainly not to the same degree or disability.

The congenital amputee should be fitted with a prosthesis as early as his needs require. In the unilateral upper extremity, this may be as early as three months of age. At this age the terminal device would be a passive plastic mitten so that the infant would be able to help hold its feeding bottle and similar simple activities. The replacement of the plastic mitten with an active terminal device (a hook) will depend upon the rate of growth and development of this particular child and activities. In general a below elbow amputee can use a hook at approximately eighteen to twenty-four months of age. The above elbow amputee needs further normal growth and coordination. This prosthesis is more complicated by having an elbow lock and normally this activity would take place between thirty and thirty-six months of age. The more complicated upper extremity prosthesis would necessarily have to be delayed because the child has only so much "gadget tolerance". Multiple extremity involvement is not uncommon in the congenital group.

In the lower extremity amputee it is recommended that the child be fitted with a prosthesis as soon as he is making an effort to stand. This will vary from six to fifteen months of age. This early fitting is necessary to help the child to develop inherent balance.

In the juvenile amputee we are using both the conventional below knee wooden sockets with knee hinges and thigh corsets and also the new total contact patellar tendon bearing socket for below knee amputations.

For the above knee amputation level the juvenile can use either a conventional quadrilateral socket with auxiliary suspension, such as a pelvic belt or harness but also can be very adequately fitted with a suction socket.

In the acquired type of amputation, particularly those due to trauma, prostheses should be supplied for both upper and lower extremities as soon as the amputation wound has healed and the stump has been properly shrunken. In the acquired amputee with an etiology of a malignant tumor it was formerly our philosophy to wait at least one year before fitting a prosthesis. Our philosophy has now changed quite radically and at the present time we would recommend in such cases that the child be fitted with a prosthesis three months after amputation, providing at that time there is no evidence of



FIGURE 6 (left). An above elbow acquired amputation for malignant tumor. Early prosthetic fitting.



FIGURE 7 (right). Typical above elbow prosthesis with elbow lock and cosmetic functioning hand as the terminal device.

pulmonary metastatic diseases. (Figs. 6-7)

The Juvenile Amputee, except for the multi-handicapped child of three or four limb involvements, should not be considered as a "crippled child" but should be considered normal as far as further schooling, childhood activities and vocational training are concerned. They should go to a regular school. It is up to us as doctors to properly educate the parents, school teachers and principals and others in the community that the amputee should be accepted as a normal child. (Photographs 8-9-10)

There have been instances where the child with an upper extremity prosthesis with a hook for terminal device has been denied regular school on the basis that the child with a hook has a dangerous weapon and might injure another child. So far in our records this has never happened. It might be advisable for contact sports that the child not use the prosthesis during such activities. However, we have many instances of juveniles with lower extremity prostheses who have played baseball, football and basketball without any difficulty.

Our experience with and our recommendations for the Juvenile Amputee are based on our present case load at the University of Illinois Amputee Clinic which at the present time is as follows:

Total number of Juvenile Amputees	509
Congenital amputations	278
Acquired amputations	231

FIGURE 8 (left). Quadrilateral involvement. Bilateral upper extremity above elbow levels of amputation (transverse hemimelia) and bilateral lower extremity amelia.

FIGURE 9 (center). Early fitting of upper extremities with plastic preflexed sockets and plastic mittens for terminal devices. Also flat bottom plastic bucket around pelvis to aid child in sitting balance.

FIGURE 10 (right). As presently fitted with bilateral upper extremity above elbow functioning prostheses and bilateral Canadian hip disarticulation type of lower extremity prostheses.







Education in the Management of the Juvenile Amputee

Jack D. Armold, Ph.D., *Chicago*



UNIQUE COURSE taught at Northwestern University Medical School emphasizes clinic team concept and essential differences between adult and juvenile amputees.

The basic premise of the course on the management of the juvenile amputee at the Northwestern University Medical School is: amputations in children are different from those in adults and demand special considerations. An application of this premise may be seen in the surgery of the juvenile amputee. George T. Aitken, M.D., Lecturer in Orthopedic Surgery at Northwestern, supports the premise by stating that the juvenile amputee has a dynamic or changing skeletal growth. Dr. Aitken continues, "A stump can be fashioned at the time of the original surgery which will not change in length because of growth."[1]

A major objective of the course entitled, "Management of the Juvenile Amputee" offered at Northwestern is to indicate the differences between the child amputee and the adult amputee so that the physician will treat the juvenile amputee as a child. The physician as well as the therapist and prosthetist are taught that prosthetic restoration, with or without surgical conversion, is a necessary and very satisfactory procedure for children with upper- and/or lower-extremity congenital limb deficiencies. Related to this basic concept is the principle that the management of congenital deficiencies of the extremities is an individual problem. The individual problems of juvenile amputees are discussed didactically and in seminars during the course.

The clinic team concept is taught as the best organizational procedure to manage the child amputee. While other members in the rehabilitation field may be represented on the clinic team, a physician, therapist, and prosthetist should always participate. These team members work closely together in practical sessions in the course to arrive at a satisfactory prescription, fit, and training program.

Eleven physicians, eleven therapists, and two prosthetists from Illinois have attended one of the courses. An analysis of the geographical distribution of the total student body in this course shows that Illinois has the greatest representation of any state. Students come from all sections of the United States and from many foreign countries, since this is the only post-graduate course on the management of the juvenile amputee currently offered. Included in the total group of one hundred and fifty students are five students from England, Denmark, and India.

In cooperation with the Michigan Crippled Children's Commission and the University of Illinois College of Medicine, the faculty and staff of Northwestern University Prosthetic-Orthotic Education presented a pilot course on the juvenile amputee September 26-28, 1960. This course was developed because of the need for training personnel in this highly specialized field. Three courses have been completed; the fourth is scheduled for June 10-13, 1963.

Physicians who contributed to the development and teaching of this course include: George T. Aitken, M.D., Medical Co-Director, Area Child Amputee Center, Grand Rapids, Michigan; Clinton L. Compere, M.D., Academic

Director of Prosthetic-Orthotic Education, Northwestern University Medical School.

Advisor, Prosthetic-Orthotic Education, and Associate Professor, Department of Orthopedic Surgery, Northwestern University Medical School; Charles H. Frantz, M.D., Medical Co-Director, Area Child Amputee Center, Grand Rapids, Michigan; Claude N. Lambert, M.D., Professor of Orthopedic Surgery, University of Illinois, College of Medicine; the late Frederick E. Vultee, M.D., Professor and Chairman, Department of Physical Medicine and Rehabilitation, Medical College of Virginia, School of Medicine; Raymond J. Pellicore, M.D., Clinical Assistant Professor, Department of Orthopedic Surgery, University of Illinois, College of Medicine.

Most of the content in the course is medical and surgical in nature; therefore, the primary course content is directed towards the physician. However, training and prosthetic materials are also presented. Didactic lectures are given on philosophy of management, musculoskeletal development, congenital classifications, components and fitting techniques, training aids, prescription, and research developments. Practical and demonstration sessions are held in training techniques and prescription. Patients with standard and anomalous limb deficiencies are presented in three seminars where their individual problems are discussed by the faculty. All of these teaching patients are from the University of Illinois Amputee Clinic and are presented by Claude N. Lambert, M.D., and Raymond J. Pellicore, M.D.

The first two courses were three days in length; the faculty, however, responding to the comments and needs of the students, extended the course to four days to provide time for depth of teaching and practical sessions. This course has the prerequisite that physicians, therapists, and prosthetists, who make application for the course, must have completed one prosthetic course at one of three institutions: University of California at Los Angeles, New York University, or Northwestern University. In addition to this unique course, the regular courses, "Upper-Extremity Prosthetics" and "Lower-Extremity Prosthetics," are scheduled throughout the academic year at Northwestern. UCLA and NYU also provide instruction in these regular courses. Tuition and expenses for all courses are financed by private funds and traineeships funded by the Vocational Rehabilitation Administration Department of Health, Education, and Welfare.*

*Further information concerning this course may be obtained by writing to the author of this article at 401 East Ohio Street, Chicago 11, Illinois.

REFERENCES

1. George T. Aitken, M.D., "Current Concepts in the Management of the Juvenile Amputee," *Orthopedic And Prosthetic Appliance Journal*, September, 1962, p. 259.

A Tragic Step Backward for Medicine

The manufacturers say that the provisions of S. 1552 (Kefauver Bill) if enacted would inevitably curtail their research and development of new products, and the availability of such products for use by practicing physicians. If this occurred, it would be a tragic step backward for medical health. Regulation may be necessary but it should not endanger basic well springs of activity. The pharmaceutical industry has much to offer and it would indeed be a grievous thing if they were prevented from making this contribution. *Nathan S. Kline, M.D., Director of Research, Department of Mental Hygiene, State of New York, to Senate Subcommittee on Antitrust and Monopoly.*

CASE REPORT

An Unusual Case of Pneumonia in a Child

ROBERT H. LEE, M.D., *Decatur*

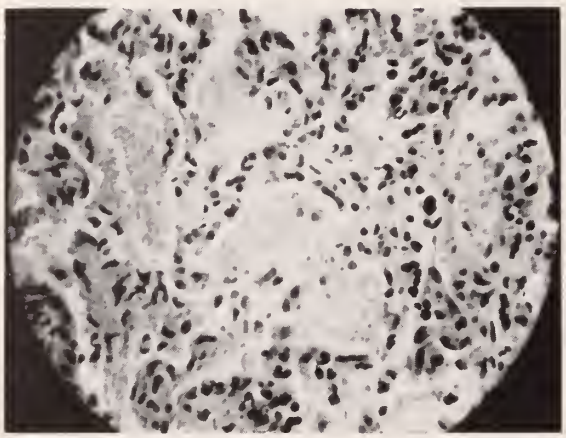


FIGURE 1. Photomicrograph 200 mag. Stained with hematoxylin and eosin. A lung with fibrinous exudate and small dark bodies in the alveoli. Note the thickened septae.

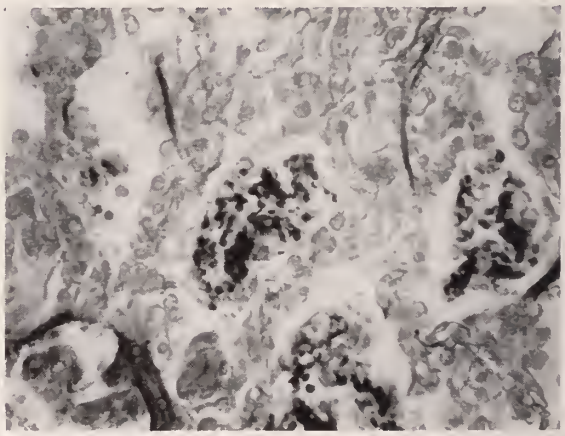


FIGURE 2. Photomicrograph 1250 mag. Stained with Gridleys fungus stain. Note the clusters of dark organisms in the alveoli. Two individual organisms are clearly seen at left center.

This is a case of interstitial plasma cell pneumonia in a 5-year-old child caused by *Pneumocystis carinii*. This causal agent is believed by some, Hamperl et al,[1] to be of a fungal origin, but by others, to be of a protozoan origin. This type of pneumonia is uncommon in North America.

This case is primarily one of lymphatic leukemia which was found on post-mortem examination to have an interstitial pneumonia with intra-alveolar organisms identified as *Pneumocystis carinii*. There is interesting experimental evidence from animal work by Sheldon[2] demonstrating that an interstitial pneumonia and numerous *Pneumocystis carinii* organisms were found more frequently in animals under treatment with cortisone and penicillin than in the control group. Hendry and Patrick[4] report recently on their experience with thirteen cases with the diagnosis of *Pneumocystis carinii*. All thirteen cases were associated with a severe underlying disease, and all thirteen received either cytotoxic agents or x-ray (therapy) or steroids.

Decatur and Macon County Hospital, Decatur, Illinois.

Clinical Summary

This child was apparently completely well until January 1959 when she was hospitalized with low back pain. A diagnosis of acute lymphatic leukemia subsequently was made. She was placed alternately on steroids, adreno-corticotrophic hormone and nitrogen mustards and had frequent remissions and exacerbations of this disease since that time. The patient was

re-admitted to the hospital on August 1, 1961 with pyrexia, headache, and vomiting. She was diagnosed as having acute broncho-pneumonia and, at this time, aleukemic leukemia. The respirations became labored, rapid and shallow on August 4, 1961 and on this date the patient lapsed into a coma and expired.

Laboratory Findings

Hematology: Hemaglobin 6.8 gms.; micro-hematocrit 20 ml.%; WBC 1,504; Schilling differential—count 100, Eosinophiles 5, Basophiles 2, Stabs 6, Segs 24, Lymphs 62, Monos 1; poikilocytosis, anisocytosis, diffuse basophilia, Howell-Jolly bodies, nucleated rbc, and toxic granulation of wbcs.

X-Ray Report

It was not significant.

Post-Mortem Findings

The findings in general were consistent with leukemia. Only the lungs will be considered in detail.

Gross findings: The lungs were congested and firm in all lobes. Cross sections revealed a dark surface. There were many 1-2 cm., reddish-orange nodules diffusely scattered on the pleural surfaces of both lungs. Nothing unusual was noted in the bronchi.

Microscopic findings: The sections were stained with hematoxylin and eosin and the following were noted—lymphocytes, macrophages and plasma cells in the interstitial spaces of the lung. The blood vessels were congested. There was an eosinophilic fibrin-like network filling many alveoli, which gave a honeycomb appearance. Within this network there were multiple, small, dark, oval bodies. These will be described under the heading of special stains.

Special Stains

The sections were stained by the Gmori, Gridley and Periodic-Acid-Schiff methods. When stained with Gridley's fungus stain (GF) the background appeared golden yellow, and within the alveoli, multiple clustered or scattered, spherical and oval organisms were seen. These cells showed a thickened membrane, which stained dark purple and a small central or slightly eccentric dot. The other special stains also demonstrated the organisms quite well.

Summary

A case of interstitial pneumonia was presented in a 5-year-old child teminal from lymphatic leukemia. Multiple organisms compatible histologically with *Pneumocystis carinii* have been described. This case was treated with penicillin and cortisone.

Acknowledgement

The armed Forces Institute of Pathology, Washington, D.C., confirmed our diagnosis and prepared some special stains. The photomicrographs were taken by Mr. Don Fleming, Medical Photographer, Decatur and Macon County Hospital, Decatur, Ilinois. The slides used for the photographs were prepared by Mrs. Mary Smart, Histotechnologist in charge of the Histology Section, Decatur and Macon County Hospital, Decatur, Illinois.

We wish to thank Dr. M. R. Crew, Pediatrician for his permission to present this case. I wish to thank Dr. Otto C. Brosius, Pathologist, and Director of Laboratories, Decatur and Macon County Hospital, for assistance in making the diagnosis and preparing this paper.

REFERENCES

1. Hamperl, H.; Zur Frage des Parisiten. Nachweises bei der interstitiellen plasmozellularen pneumonien. Schweiz. Atschr, Allg. Path 16; 520-521, 1953.
2. Sheldon, W. H.; Experimental Pulmonary Pneumocytis carinii in Rabbits. Journal of Experimental Medicine 110; 147, 1959.
3. Smith, Beamer, Vellios, Schulz; Principles of Human Pathology.
4. Hendry and Patrick; Observation on Thirteen Cases of Pneumocystis carinii Pneumonia, American Journal of Clinical Pathology, Vol. 38 401; October 1962.

Pesticides—A Physician's Point of View

Julius M. Kowalski, M.D., *Princeton*

The tenuous thread by which a species exists is a source of endless awe to physicians and other learned men as they work in this miraculous realm of birth, life, and death. Life is compatible with the internal and external environment only within definite limits —the pH of the blood, electrolyte balances, gaseous exchanges, temperature regulation, nutritional requirements, elimination of wastes and the milieu for reproduction — to mention a few. Physicians confine their activities to human welfare, but the basic understanding of the gradations from health to disease and life to death is to be found in the total biologic point of view. In this striving for the panorama, confusion over minutiae and distorted perspectives are frequent, but time winnows the chaff from the kernel.

The current pesticides controversy to the inter-relationships of animals and plants is properly understood in the light of ecologic interdependencies against the broad evolutionary backdrop.

Unicellular and simple multicellular organisms — bacteria, algae, zoo-planktons and phyto-planktons — appeared hundreds of millions of years ago and are much the same today as they were in that distant past. Larger and more complex forms of life gradually evolved. The dominant factor to survival for simple or complex life, ancient or recent, is adaptive capacity. The ability to live despite tremendous and prolonged environmental changes, as during the ice age, or in periods of excessive humidity or aridity, is present in all surviving organisms. Biologic processes existent today were operative through all the cons.

Man, heir to this earth for the past brief million years, is in contention with organisms whose histories far exceed his. Bacteria and other simple organisms initiate the food chain necessary for his existence. To do away with bacteria because some 50 or so are pathogenic for man would sound the death knell to mankind; so, an understanding of this symbiosis has importance.

Insects have populated the earth for more than 250 million years and their capacity to adapt has moved them to dominance among animal forms so they constitute 75% of all life. One species has kept another in check by a variety of methods and concomitant environmental factors have had their gradual but profound effect in modifying all living things.

A sudden disturbance in an established environment is illustrated by an outbreak of rickettstial pox in an eastern city when the refuse dump was covered over in response to demands from irate citizens in the nearby area. Rodents living in the dump were suddenly deprived of their food supply and migrated into the surrounding populous community seeking new sources of food. They carried with them the mites which are the vector for the pox in humans. This disease was of greater concern then than the elimination of stench from the dump. An abrupt environmental alteration can result in serious and unforeseen consequences from the human stand-point.

The basic elements of ecology (air, solar energy, water and soil) existed before the dawn of man, and he and all flora and fauna developed in them. Ideal conditions prevail for a given species for varying periods — some short, others long — but cyclic changes from ideal to unfavorable and back to compatible again are characteristic of natural phenomena. This rhythmicity tests a species and permits variation and adaptability.

Part one. Concluded in June issue.

We long for ideal conditions to prevail indefinitely, to attain the Utopian state, to wallow in everlasting bliss. But this is not our heritage. This fact is brought home forcibly and periodically to a large segment of outdoorsmen, namely, waterfowl hunters. They would hope to have the autumnal skies darkened year after year with migrating waterfowl, but it is not so. When a cycle of wet years covers the prairies extending into Canada, the birds have a favorable habitat and they reproduce in profusion. Literally, a population explosion results. But this abundance of birds comes in the wet seasons which were preceded by a period of dry years, restricted hunting seasons and bag limits, and heroic efforts by Ducks Unlimited in cooperation with the Canadian government.

When the marshes dry up, a succession of plants develops which could not have prospered in the previously existing wet habitat, ever increasing during the dry cycle. Then the wet cycle returns. Those plants which flourished in dry marshes during the drought, covered now with water, become a source of nutritious vegetation and insect growth essential to the rapid development of unbelievably large numbers of ducklings.

Since a wet environment is favorable for waterfowl, we might suppose that its persistence would be an unending source of this natural resource. But study finds a static state otherwise. Under continual wet conditions, different water plants develop which are low in nutrients for waterfowl and are unfavorable for abundant insect reproduction; their growth and decay, without the halting action of dry cycles, eventually fill the shallow depressions and brush and trees finally obliterate a previously desirable habitat. Thus, a sustained wet environment depresses the duck population. Considering these cyclic patterns and their effects on all living things, let us turn now to insects and pesticides.

The high standard of living in the United States is due, in large measure, to our agricultural abundance, the most bountiful ever known. To attain this high productivity, new techniques had to be developed. Suppression or eradication of predatory or undesirable plants and insects is readily achieved by chemical toxicants dispersed as spray or dust. In present-day intensive, large scale agriculture, conditions now prevail where it is impossible to raise a marketable apple or a bushel of corn unless noxious plants and insects are inhibited. Thus far chemical means have been expeditious, but natural controls which have stood the test of time — one species pitted against another, parasitism, perilous transitions in life cycles, and other biologic mechanisms have received scant attention.

The farming industry can never go back to the days of scrawny apples or corn, to the late 1840's when 3 million people in Ireland starved as a consequence of the potato blight. Through the application of chemistry to the endless problems in agriculture, we enjoy harvests undreamed of 50 years ago — to the degree that certain crops glut the market and burden the government.

The feeling in many quarters is that indiscriminate use of pesticides and herbicides disturbs balances among animals and plants and in the end such unrestrained action will mitigate against the common good. The prolonged alteration of an environment favorable for crops or any other purpose brings on new problems not unlike the drastic change which resulted in the epidemic of rickettsial pox previously recounted.

In broaching the subject of toxicants, arsenicals, chlorinated hydrocarbons, organo-phosphorous compounds and other lethal substances immediately come to mind for they are in current widespread use. However, practically all ingestants, inhalants and contactants essential for life processes when taken in excess or not in adequate amounts are destructive. Common salt, a necessary chemical for many mammals, when taken in excess acts as an emetic and if certain limits are exceeded, it becomes a poison. Persistent vitamin deficient diets cause disease and death. A person will die of thirst before he starves to death, but so will excess intravenous infusions kill. Oxygen in excess leads to intoxication; excess carbon dioxide in the inspired air will kill, but when diminished beyond a minimal point in the body will result in serious respiratory embarassment. Boric acid is a common household antiseptic, but when applied to large excoriations on an infant's skin, its absorption can be fatal — a relationship of usual concentration to an unusually large injured surface for a small body mass. Prolonged exposure of skin to cold water, which is not nor-

mally deleterious, results in immersion foot.

Medicaments are taken to assauge or restore an abnormal physiologic state; they are to be taken only in prescribed dosages and at stated intervals, because when taken in excess, they become poisons. Controls for the manufacture and evaluation of new drugs are many, and re-evaluation of therapeutic agents is a continuing activity of the pharmaceutical industry. For all this knowledge, aspirin remains the primary cause of poisoning in children.

Since the compounds which assist in combating illness or alleviating distress can become poisons through misuse, how poisonous are genuine poisons? There are more than 200 types of established pesticides and many new ones are being developed and made saleable each year. Even though toxicants are efficacious in controlling a single or many undesirable species, questions arise as to the total long term effect of these substances on plants and animals not intended for eradication. This is illustrated by the control program for fire ants used in the southern states several years ago and the significant coincidental poisoning of desirable wildlife resulting from this action. Contact and inhalation of these pesticides has proven to be responsible for physiological disturbances, causing 30% of crashes among crop dusting pilots. It is known that plants, fish and birds are adversely affected by minute quantities of certain substances which have little or no effect on mammals. The untoward reactions on some lower life forms are not apparent until the normal diet of these organisms is restricted by seasonal changes, or other adverse conditions. Genetic derangements due to pesticides have yet to be formulated.

Pesticides, as water pollutants, remain an open question; this is added to the ever-present problem of industrial and human wastes, and siltation in surface waters, together with steadily decreasing water tables throughout the land. Though pesticides be used as prescribed for a particular crop or area, what about minimal accumulations which aggregate to harmful levels over a period of years? Percolation of surface water through substrata in certain areas, depending upon geological formations, takes years before it again becomes available for consumption. What effect will steady contamination of this water have on flora and fauna, say, in ten years? This problem exists now in some areas as suds in a glass of tap water, the result of only several years' use of modern detergents.

Poisoning from pesticides, however, has not reached drastic proportions for humans. An estimated 20,000 children in Illinois were victims of accidental poisoning (from all causes) in 1962, according to Dr. Norman J. Rose, epidemiologist for the Bureau of Hazardous Substances and Poison Control in the Illinois Department of Public Health. Only 567 poisonings were due to pesticides in 1961, and the remaining 7531 cases resulted from household products and medications, with aspirin leading all others. Accidental deaths from poisons used as pesticides in Illinois for 1960 and 1961 numbered 9. These figures are from the 81 Poison Control Centers in hospitals so designated throughout the state, and do not include many poisonings treated in physicians' offices or in the home.

Accidental human poisonings of 500, 100, or only 10 cases in a state the size of Illinois due to pesticides are not, in themselves, alarming figures by some standards. The question resolves itself to the subject of values — the value of human life and suffering (in the nation, 70 million have vehicular transportation, but the price is 40,000 lives annually), the value of ever increasing crops dumped upon a bulging market, the value of a patch of woodland in the crazy quilts of concrete, the value of a robin's rollicking song, the value of an undammed, unpolluted stream from its headwaters to mouth as opposed to more kilowatts or irrigation. The value of putting an American on the moon cannot be fully comprehended as yet, but we are committed to spend billions now and for years to come because we feel this is important; the space program has value. We identify with it, we believe in it, and are willing to pay for it. We will continue to spend billions to make that journey to the moon safe for several Americans. The value we place on our form of government and the economic system which permits such splendor, and squalor, and the value we place on each individual citizen in this scheme of things is important. When vast acreages are plowed to the fence line and stream bank, when the grazing range of wild ungulates deteriorates from overrunning stock, the answer can be found in the tax assessor's office.

The View Box

LEON LOVE, M.D., *Chicago*



FIGURE 1.

This 2-year-old Negro female child was brought to the hospital because she started to limp.

Physical examination revealed a poorly nourished child who was dirty and cried during the entire examination. Soft tissue swelling was noted about both knee joints. The examination was otherwise normal.

What is your diagnosis?

1) Neuroblastoma
2) Battered child syndrome
3) Congenital lues
4) Scurvy

From the Cook County Hospital

(continued on next page)

The View Box

— diagnosis and discussion

(continued from preceding page)



Diagnosis: Battered child syndrome.

The right knee reveals subperiosteal elevation on the proximal aspect of the tibia due to hematoma. Note the disruption of the metaphysis of the proximal tibia due to metaphyseal fractures immediately under the epiphyseal plate. On the left side there is only irregularity of the proximal metaphysis of the tibia.

The mother admitted that she left the child with a drunken neighbor when she went to work every day, and this person had previously been seen beating her own children. Caffey explained the lesions as follows: The penetrating fibers of Sharpey, which are the principal attachments of periosteum to the underlying bone, are scarce in young bones. It is then easy to see how the periosteum becomes elevated with subperiosteal hemorrhage caused by trauma. The hemorrhage calcifies and X-ray evidence is visible in 7-14 days. The small metaphyseal fractures are seen earlier as the deep fibers of the perichondrium will lift up the cortex of the distal metaphysis when severe shaking or twisting of the child has occurred.

It is frequently difficult to obtain a history of beating. The parent, a sibling, a baby sitter may be the responsible party. The characteristic X-ray findings of metaphyseal fractures and subperiosteal hematomas should alert the clinician to the possibility that the child has been beaten.

REFERENCE

Kempe, C. H., Silverman, F. N., Steele, B. F., Droegemueller, W., and Silver, H. K.: The Battered Child Syndrome. J.A.M.A., Vol. 181, No. 1, July 7, 1962, pages 17-23.

Impartial Medical Testimony —

Doctors and the Courts



Explaining the IMT Program to the membership has been a key Foundation activity. Pictured is a panel discussion presented before the Aux Plaines branch of the Chicago Medical Society. (Left to right) Joseph J. Simon, Chicago attorney, Judge Charles R. Barrett of the Superior Court, Mr. Carl Rolewick, assistant Court Administrator and Dr. Harold Voris a member of the IMT panel of experts. The panel presented to the audience of physicians and lawyers the pros and cons of the program.

NOTHING HURTS THE REPUTATION of the medical profession more than a physician testifying to a fixed opinion only to have another physician, equally qualified, testify to the contrary. This fact, together with the wish to make a contribution to the better administration of justice, led to the support of the Illinois State Medical Society for the Impartial Medical Testimony Program.

IMT first became a factor in the administration of justice in Illinois when the U.S. District Court for the Northern District, which services Cook County, first adopted a rule placing it into effect November 2, 1959. On the basis of the experience in 71 cases during 1959 and 1960 in that Court, the Illinois State Medical Society suggested to the Supreme Court of Illinois that the use of Impartial Medical Testimony could be of great benefit in the courts of the state, cutting down on the great backlog of cases and improving medical testimony. It was on the basis of these representations, and upon the recommendation of the Judicial Conference in May of 1961 that the Illinois Supreme Court adopted Rule 17-2 on September 5, 1961, which placed into effect a statewide system of Impartial Medical Testimony.

The Rule provides that:

In a personal injury lawsuit, where an issue is raised as to the mental or physical condition of a litigant and the use of IMT will materially aid in reaching a just determination, that the Judge, on his own motion, or upon the motion of any party to the lawsuit, may a reasonable time in advance of trial, order a physical or mental examination of the litigant. It provides further that a copy of the examination shall be given to the Court and to the attorneys for each of the parties to the litigation.

Perhaps the most active facet of the Educational and Scientific Foundation of the Society is the Impartial Medical Testimony program. Since September, 1961 when the Illinois Supreme Court adopted Rule 17-2 which put into effect a system of impartial medical testimony in the trial courts of this state, ISMS has supported the project with medical experts and funds.

When IMT was adopted for a trial two-year period, ISMS undertook to finance the payment of fees and certain administrative costs for this period. The Society appropriated $5,000 and contacted various Funds and Foundations for additional funds. The Ford Foundation pledged $3.00 for every $2.00 obtained from other sources. The John Deere Foundation contributed $1,000; the Wieboldt Foundation of Chicago $8,000; the Woods Charitable Trust $1,000; and the Lilly Endowment, Inc. Fund $10,000.

The Illinois Bar Association Foundation serves as the fiscal agent for the project and dispenses the funds in payment of fees to the examining physicians.

The IMT panelists are obtained from a list prepared by the Society in each of twenty-two specialties. When a request is made by the Court Administrator the first physician appearing on the list is contacted by the administrator who makes an appointment for examination of the litigant. Upon receipt of the examining physician's report, the Court resumes pre-trial conferences with the lawyers to determine if the issues have been narrowed and whether there is any basis for settlement or disposition.

IMT is designed to be used at the pre-trial stage. When it becomes apparent that there is a wide disparity of the claims on the medical facts it is intended that the Court shall have the services of a true expert in the medical field involved to help evaluate the medical facts without being influenced in any way. Experience has disclosed that the system is responsible for the disposition of the "hard core" cases which give trouble to the courts, and which have been responsible for much of the backlog of cases plaguing the courts in large urban areas.

According to statistics, each time a personal injury case is settled without going to trial Illinois taxpayers save $3,000 to $3,750. The costs of the IMT program in 71 cases during the two-year experiment period was roughly $84.30 per case. Twenty-five of the cases, because of findings of the IMT experts were settled out of court—a saving to taxpayers of some $69,000-$87,850.

Julius H. Miner—Champion of IMT in Illinois

No discussion of Impartial Medical Testimony's work in Illinois would be complete without discussing the contributions of the late Federal Judge Julius H. Miner. Judge Miner was instrumental in getting the system of Impartial Medical Testimony inaugurated on a state-wide basis. In an effort to improve the quality of medical testimony and to cut through the choking backlog of court cases, Judge Miner joined with leaders of ISMS and other judges in the state to inaugurate the trial period for the program.

Judge Miner, who was 66 when he died earlier this year, was appointed to the federal bench in 1958 by President Eisenhower.

Before his death the Chicago Tribune praised him editorially. The editorial read in part: "Among lawyers Judge Miner is admired as an innovator; he is not afraid to expedite justice by discarding traditions that have outlived their usefulness."

The loss of Judge Miner recently was a blow to the Program but his contributions laid a firm foundation for future growth and effectiveness.



Julius H. Miner

Great Names in Chicago Medicine

Morris Fishbein, M.D., *Chicago*

Nicholas Senn

Nicholas Senn was born in Switzerland October 21, 1844 and emigrated with his parents to Fond du Lac, Wisconsin. Murphy, Billings, Senn and many others also came from Wisconsin. Senn read medicine in the office of Dr. Funk and in 1866 entered Chicago Medical College, from which he received his degree in 1868, a two-year course. He then served 18 months as a resident in Cook County Hospital and began practice in Ashland, Wisconsin, going to Milwaukee in 1874 and to Germany for further study in 1877. In 1880 he returned to the United States, aged 36, and was appointed professor of surgery at the College of Physicians and Surgeons in Chicago. He continued to live in Milwaukee and two days of each week traveled 88 miles to Chicago until 1888 when he was elected professor of surgery and surgical pathology in Rush Medical College. At that time this was considered the most important surgical appointment in the Midwest. Dr. Senn was renowned as a teacher in the arena. He was never so happy as when lecturing in the large upper amphitheatre in Rush Medical College. The seating capacity of 400 was always filled with students and visitors to its standing capacity. At two o'clock each day Dr. Senn showed gross and microscopic specimens from cases operated on previously. In these clinical conferences he would call on students to take part. At 4 o'clock he would begin operating and continue until 6 or 7 o'clock. The majority of students and visitors remained from 2 to 7. Dr. Senn was a positive and direct teacher. The great British suregon Lord Moynihan said that the two greatest teachers of surgery were Nicholas Senn and John B. Murphy. Dr. Senn was among the most traveled medical men of his time. He published 23 books and 316 articles — every word being written by his own hand and with his own pen. Dr. William E. Quine said of him that "he was of herioc mold. The pomp and formalism of military parade fascinated him and the insignia of rank allured, charmed and enthralled him." He left the Senn Collection of 40,000 books and 60,000 pamphlets as the nucleus of the medical reference library now called the John Crerar Library. In Rush Medical College the Senn Clinical Building bears his name and the Nicholas Senn High School of Chicago is named after him.

So great was Dr. Senn's authority and distinction that he was seldom questioned. At one meeting of the American Medical Association around 1893 the Section on Surgery was under the chairmanship of Dr. William J. Mayo with Dr. Malcolm L. Harris as secretary. Dr. Senn entered the hall and immediately one of his satellites leaped to his feet and proposed that the speaker who was reading discontinue at once and that Dr. Senn, scheduled for the next day, be allowed immediately to read his paper. Dr. Mayo ruled this proposal out of order. The satellite then moved that Dr. Nicholas Senn have unanimous consent by vote to read his paper at once. Dr. Mayo ruled that motion out of order and he was vigorously supported by Dr. Malcolm L. Harris who told me the story. Later that evening when Dr. Mayo was standing in front of the hotel in Columbus, the Chicagoan, whom I leave nameless, approached him and grabbed the lapels of his overcoat with two hands and tried to shake Dr. Mayo, telling him what he would do to him after his action. Dr. Mayo had been an amateur boxer at Michigan and reacted promptly to end any further disturbance.

Bacteriology

The beginnings of the teaching of bacteriology in Chicago occurred about 1889 when Bayard

Part 3 of a 3-part series, concluded in this issue.

Holmes became director of the bacteriologic laboratory at Northwestern University. There for two years he gave lectures and demonstrations to a small group of students. In 1891 William T. Belfield became professor of bacteriology in Rush Medical College and began systematic lectures. Belfield, Chicago's leading urologist in his time, was accustomed to say that he brought the germs of gonorrhea back to Chicago from Europe in his trunks. At Rush Medical College N.S. Davis opposed the idea that germs could cause disease, but Walter Haines, Belfield, and Fenger supported it.

The primary pioneers in antiseptic surgery in Chicago were Edmund Andrews, Christian Fenger, Henry Banga, and Edwin Powell.

Dr. William T. Belfield was in Vienna when Robert Koch announced the discovery of the tubercle bacillus and reported it in Chicago in 1882. At the same time he demonstrated the tubercle bacillus in Cook County Hospital. The description of this demonstration by Bayard Holmes is a classical piece of medical writing.

Belfield constantly defended bacteriology and developed a technic of sarcasm, cynicism, and irony in his speaking which brought him much attention. For ten years Belfield continued as professor of bacteriology but in 1894 a separate course was established under the direction of Dr. George H. Weaver. When Bayard Holmes became an intern in Cook County Hospital, he set up a bacteriologic laboratory in his bathroom and made cultures, to the great amusement and ridicule of his associates.

By 1889 Nicholas Senn published a review of surgical bacteriology.

The Ten Greatest

I once listed the ten greatest names in the history of medicine. That task was easy compared with selecting the ten greatest names in the history of medicine in Chicago. If I were nevertheless to attempt this classification, I would include: Daniel Brainard, Nathan Smith Davis, John Rauch, Christian Fenger, Nicholas Senn, Frank Billings, Joseph B. DeLee, John B. Murphy, James B. Herrick, and Ludvig Hektoen.

Daniel Brainard brought scientific medicine to Chicago with the founding of Rush Medical College. Nathan Smith Davis founded the American Medical Association, *The Journal of the American Medical Association,* and many Chicago institutions. John Rauch introduced preventive medicine in the Chicago area. Christian Fenger could be called the father of both scientific surgery and pathology in Chicago. Nicholas Senn was a leader who commanded nation-wide, indeed world-wide, admiration for his surgical achievements. Frank Billings, a builder of organizations and of institutions, also received nation-wide repute. He was twice president of the American Medical Association. Dr. Joseph B. DeLee was a great obstetrician, a progressive leader and teacher of his specialty, the builder of the Chicago Lying-In Hospital, and his disciples are scattered throughout the nation. Dr. John B. Murphy might well be considered the one name to be questioned as to his greatness. Nevertheless John B. Murphy achieved nation-wide repute. He was a skillful surgeon and a remarkable teacher and an innovator with a genius for organization. His fame is like that of the virtuoso who is long remembered for his skill. Dr. James B. Herrick, a cultured physician, remarkable teacher, a medical philosopher and historian, held the presidency of every important organization in internal medicine. Above all his name will be forever remembered as the man who first described coronary infarction as a distinct disease. Dr. Ludvig Hektoen was eminent as a pathologist, as a writer, a leader, founder of the McCormick Institute for Infectious Diseases, and of the Durand Hospital, founder of the Otho S. A. Sprague Institute, with at least 20 assistants who gained national distinction.

The Pathologists

Obviously the selection of these ten invites discussion and argument. Other great pathologists were Dr. Zeit of Northwestern, Dr. William F. Peterson of Illinois, Dr. E. R. LeCount and Dr. H. Gideon Wells of Rush Medical College.

Pediatricians

Near the first ten is one of the greatest of all pediatricians—Dr. Isaac Abt. Drs. Henry

F. Helmholz, Clifford Grulee, and Julius Hess also have great distinction in this field.

Dermatologists

Among dermato'ogists William Allen Pusey, Montgomery, Hyde, and Ormsby will be long remembered. The great otolaryngologists include E. Fletcher Ingals and George Shambaugh; the ophthalmologists, Wilder, Weseott, Brown Pusey, and Harry Gradle.

Surgeons

Among the surgeons were Arthur Dean Bevan, first chairman of the Council on Medical Education; Weller Van Hook, D. W. Graham and his famous son Evarts Graham; A. J. Ochsner, an eminent surgeon and one of the charter members of the American College of Surgeons; Franklin H. Martin, distinguished founder of the Amreican College of Surgeons and of the periodical *Surgery, Gynecology and Obstetrics;* Dr. Max Thorek, founder of the International College of Surgeons and the Hall of Fame for Surgery. Later came Dean Lewis, Vernon David and Dallas Phemister, and still living Lester Dragstedt, innovator of vagotomy in peptic ulcer. Dr. Karl Meyer has also great repute in the building of medical institutions, especially the Cook County Hospital and Past Graduate School and the Foundling Home.

Orthopedic Surgeons

The renown of Dr. Phemister was principally because of his studies of the pathology of bone and the magnificent collection of slides which are still sought by orthopedic surgeons from all over the world.

The development of orthopedic surgery in Chicago was a response to the leadership of such greats as Porter, John Ridlon, E. L. Ryerson, and Charles Parker followed later by Beveridge Moore, and Philip Lewin. Beveridge Moore was one of the first to establish underwater treatment for poliomyelitis, installing a special apparatus in the home of Henry Pope. Dr. Philip Lewin wrote many books which became standard works of reference in orthopedic surgery.

I knew in my youth William Augustus Evans, a distinguished health official and perhaps more significant, the man who established the first health column in the Chicago *Tribune,* later a position held by Irving Cutter and Theodore Van Dellen.

In roentgenology Chicago boasted James Case, Hollis Potter, Orndorff, Hubeny, and Hodges.

The list of names is well-nigh endless. As I said previously, there are degrees of greatness. What list of great names in Chicago could omit Ralph Webster, renowned as a toxicologist, Karl K. Koessler, the first of the allergists; Walter S. Haines, one of the most eminent of expert witnesses. A school of neurologists grew in Chicago, with such names as Patrick, Rothstein, Bassoe, Moyer, and Bayard Holmes. Probably most famous of all of these would be Hugh Patrick who in the course of his long career had many assistants, all of whom became highly qualified in their chosen specialty.

Medical historians of Chicago who achieved distinction include George Weaver, Ludvig Hektoen, D. J. Davis, Mortimer Frank, William Allen Pusey, and Stanton A. Friedberg. Many others have written interesting contributions to the story of medical progress in the Chicago area.

Internists

On a previous occasion I prepared an address on the internists of Chicago. Internal medicine has been an area in which many great names follow one on the other. In the early 1900's when I came to Chicago to attend the University, Billings, Herrick, Sippy, Quine, Mix, Preble, Tieken, Slaymaker, Miller, Irons, Capps, Leon Bloch, Walter Hamburger, and Milton Portis were recognized as distinguished in their fields. Charles Williamson of the University of Illinois became general in charge of the sanitary corps in World War I. Frederick Tice was a great scientist, renowned in tuberculosis, builder in the Cook County Hospital, editor of a great system of medicine.

Before 1900 the name of William E. Quine outranked many others among Chicago internists. In 1889 Quine had become chief of medicine in the Cook County Hospital. In 1883 Quine became professor of medicine in the college of Physicians and Surgeons, now the University of Illinois. Quine was the second internist appointed to the Cook County Hospital,

a position which he took in 1869. Describing later the obstetrical service in the hospital at that time he said:

> Bacteriology and hematology were undeveloped and asepsis was unknown. Interns engaging in post-mortem work or who were in touch with erysipelas or gangrene were assumed to have no connection with obstetrical cases, but there was no stern rule against it, and they thought no ill of maintaining friendly relations with laudable pus. Puerperal infections were frightfully frequent and deadly, and the obstetrical ward was closed on two or three occasions for several weeks on account of them. During these intervals the windows were kept wide open night and day. Atomizers were kept busy sputtering weak antiseptic vapors into the atmosphere. Walls and ceilings were freshly whitewashed and all woodwork was scrubbed with antiseptic solutions, but the old deadly ignorance of personal transmission of infection continued.

In 1881 the College of Physicians and Surgeons of Chicago had been organized by five incorporators who put up $30,000. Dr. Quine was added to the faculty in 1883 when he was appointed professor of medicine. His dominant personality, wisdom, eloquence and professional spirit were fundamental in the growth of this great medical school. In 1893 the capital stock was increased to $100,000 and at that time the faculty of the College of Physicians and Surgeons built the first medical laboratory building for medical students in Chicago. In 1893 Governor Altgeld undertook negotiations with Professor Quine which resulted in the affiliation of the College of Physicians and Surgeons with the University of Illinois, and in 1897 a lease was made to the university of the college property for four years.

William E. Quine was a broadminded man and was largely responsible for permitting women to take the examination for internships in the Cook County Hospital, which was done first in 1879. In fact, in 1881 Mary E. Bates, then not quite 21 years old, was notified that she had passed for the position of intern in Cook County Hospital.

Dr. Quine was a cultured gentleman and during the 22 years of his service as dean of the faculty of the University of Illinois he devoted himself with great zeal to building the college library. That library was begun in 1892 when the widow of Dr. A. Reeves Jackson, a gynecologist who had been a founder of the college, donated 30 books. Inside of two years enough were stolen so that only 15 remained. Dr. Bayard Holmes also did a great deal to build that library. In 1898 Dr. Quine contributed 2,000 periodicals and 200 separate volumes and endowed the library with $300 annually and paid the librarian out of his own pocket. The library was formally named by the faculty the Quine Library in 1898. The public library movement really began to develop in the period between 1880-90. At that time Christian Fenger, Quine, Billings, Bayard Holmes, Hektoen, George Weaver, Mortimer Frank and others were collecting books for their own libraries and most of these eventually came to swell the collections in the great medical libraries which now grace the city of Chicago.

In 1898 Frank Billings accompanied John Crerar on a trip to Atlantic City. Perhaps that helped toward the endowment and establishment of the famous John Crerar Library.

Among internists who could question the names of Drs. George F. and Gladys Henry Dick—Dick, a professor of medicine in the newly organized University of Chicago Medical School, with his wife a leader in establishing the nature of scarlet fever. In 1913 the City Council was asked to appropriate $50,000 to combat scarlet fever and diphtheria, more prevalent than any time in the last 20 years. Scarlet fever cases jumped that year from 2,100 to 2,163 in one day and diphtheria cases from 600 to 635.

The name of Howard Ricketts to will remain forever famous since the Rickettsia carry it. He discovered the cause of Rocky Mountain spotted fever and died while proving the transmission of typhus by lice.

Frank Billings

Although the life of Dr. Frank Billings will be exhaustively discussed in this series by Dr. Frederick Stenn, I must say a few words about this distinguished man, probably the greatest name in the history of medicine of Chicago. Here was a builder. He was secretary of the faculty of medicine in Northwestern University Medical School from 1886-97. He aided in the construction of Wesley Hospital and the new medical school building. Professor of medicine in Rush Medical College from 1898 and dean of

the faculty, a builder of the Presbyterian Hospital, he was associated with Ludvig Hektoen in establishing the John McCormick Institute for Infectious Diseases in 1902. For the Presbyterian Hospital he secured marvelous gifts from the wealthy in Chicago who were his patients. In 1911 he built the Anna W. Durand Contagious Hospital. In 1909 with H. Gideon Wells he created the Otho S. A. Sprague Memorial Institute. He arranged the affiliation of the Home for Destitute Crippled Children and the County Home for Convalescent Children with Rush Medical College. From 1906-12 he was chairman of the Illinois State Board of Charities and the State Charities Commission during which the state hospitals were rebuilt, and his final great achievement was the establishment of the University of Chicago of Medicine. Many fellowships in Chicago teaching institutions bear his name as well as book collections and libraries.

Especially significant was his positive, straight-forward character. He was dynamic and he conferred dynamism on those who worked with him. Dr. James B. Herrick characterized him as "a born leader. Once in a meeting of the Presbyterian Hospital medical staff, Dr. Billings made 18 out of 23 motions."

Public Health Officials

The public health officials of Chicago were in themselves a remarkable group. Among those whom I knew personally were William Augustus Evans, Charles J. Whalen, John Dill Robertson, Arnold Kegel, and Herman N. Bundesen. There were others, like Rawlings and Tonney, who contributed greatly to epidemiologic and medical statistics. The name of John Dill Robertson never got far out of Chicago. In his time in Chicago he was an influence — in my opinion, wholly bad. He promoted a second-rate medical school, he refused to take a bath but anointed himself with oil which is not a good thing for a health commissioner. He played evil politics with William Hale Thompson and was altogether a menace.

Dr. Charles J. Whalen was better known as a medical politician than as a physician or surgeon or health officer.

Dr. Herman N. Bundeson was the last reminder of the epoch when public health was primarily a police problem. Through his methods, however, he advanced greatly the prevention of the deaths of infants in the postnatal period and in childbirth. He cleaned up the milk of Chicago following several severe outbreaks of septic sore throat. His attempts to control venereal disease included everything from quarantine of second-rate hotels and radio speeches to a sadistic capture of prostitutes in action.

Obstetricians

Dr. Joseph B. DeLee was in his time one of the two greatest obstetricians in the United States — the other being Whitridge Williams of Johns Hopkins.

Dr. DeLee began with a few beds in the basement on the West Side from which evolved the first lying-in hospital and later the great Chicago Lying-In Hospital named in his honor and associated with the University of Chicago. Dr. DeLee contributed greatly to philanthropy. He evolved the principle of separation of infected patients from those not infected in a completely separate unit which would have become in all probability a universal method were it not for the fact that the discovery of the antibiotic drugs and of better obstetrical control in the delivery room made this unnecessary.

Dr. DeLee's textbooks, both "The Principles of Obstetrics" and the book for nurses achieved tremendous usage throughout the world translated into other languages, and under the sponsorship of Dr. M. Edward Davis for the nurses' book and Dr. J. P. Greenhill for the textbook continue to have tremendous influence.

Dr. Arthurs H. Curtis achieved distinction for his work in gynecology and the system which he edited. Drs. Fred Falls, Ralph Reis, M. Edward Davis, J. P. Greenhill are already well known internationally.

Urologists

Such men as Gustav Kolischer, Herman L. Kretschmer, G. Frank Lydston, Louis Schmidt, and Vincent O'Conor added luster to urology throughout the world.

The Deans and Educators

Chicago was once the home of more bogus, low-grade medical schools than any other city in the United States. Standards of medical education were raised through the leadership of great medical educators such as Nathan P. Colwell, first secretary of the Council on Medical Education and subsequently William D. Cutter and Victor Johnson; Dr. J. Davis, John M. Dodson, Lowell Coggeshall, John Sheinin, John F. Sheehan, Irving Cutter, and Richard Young. Chicago boasts now five grade A medical schools which have produced so many great men that greatness is harder to achieve.

Basic Sciences

Medicine has changed. The part-time teacher has given way to the full-time teacher and the full-time chairman of a department. The bedside manner is being invaded by the biochemical test tubes. The psychiatrists of the past who did little more than classify diseases have ventured into psychoanalysis, tranquilizers, psychic energizers, and serotonin. The opportunities of today go far beyond what was available in the past but the fields are more limited and the competition is fierce.

Leaders in the basic sciences for medicine would require a book themselves. Such anatomists as R. R. Bensley and B. C. H. Harvey of the University of Chicago; Anson of Northwestern University; Bartemeier of the University of Illinois, were renowned in their fields. Stewart, Carlson and Luckhardt of the University of Chicago and Ivy of Illinois were distinguished in physiology. In neurology, C. Judson Herrick and in histology Maximov and Bloom are just a few whose names come quickly to mind.

Medical Publications

As a center of medical publications Chicago has had many men who contributed greatly. Nathan Smith Davis was the founder, as already mentioned, of *The Journal of the American Medical Association;* Dr. George H. Simmons made it great. Dr. Ludvig Hektoen founded and developed the *Archives of Pathology.* Drs. Oliver S. Ormsby, William Allen Pusey and Herbert Rattner were responsible for the distinction of the *Archives of Dermatology.* Dr. Dean Lewis was first editor of the *Archives of Surgery;* Dr. Franklin H. Martin and later Loyal Davis of *Surgery, Gynecology and Obstetrics.* Dr. Otho A. Ball founded the publication called *Modern Hospital* and Burton C. Caldwell the periodical called *Hospitals* which is the official organ of the American Hospital Association. Dr. Hugh T. Patrick was associated with the development of the *Archives of Neurology and Psychiatry.* The *American Journal of Disease of Children* has had successively as editors Frank Churchill and Clifford G. Grulee. Dr. Joseph L. Miller was first editor of the *Archives of Internal Medicine;* Dr. George E. Shambaugh of the *Archives of Otolaryngology.*

These were just a few of the eminent in this field who have added luster to the world repute of Chicago as a medical center.

BIBLIOGRAPHY

1. Frank Billings: A Memorial. University of Chicago, October 1932.
2. Bulletin of the Society of Medical History of Chicago, Vols. 1-6.
3. Davis, D. J., History of Medical Practice in Illinois. Illinois State Medical Society, Chicago. 1955.
4. Fishbein, Morris, A History of the American Medical Association. W. B. Saunders Company, Philadelphia. 1947.
5. Fishbein, Morris, and DeLee, S. T., Joseph Bolivar DeLee. E. P. Dutton & Co. 1949.
6. Fishbein, Morris, Christian Fenger. J. Internat'l Coll. Surg. 33:98-108 (January) 1960.
7. Fishbein, Morris, Drs. Isaac A. Abt and Julius H. Hess. Chgo. Med. Soc. Bull. pp. 570-578 (Jan. 26) 1957.
8. Fishbein, Morris, Ludvig Hektoen. Arch. Path. 26:1-31 (July) 1938.
9. Herrick, James B., Memories of Eighty Years. University of Chicago Press, Chicago, 1949.
10. Ingals, E. Fletcher, The Life and Work of Dr. Daniel Brainard. Rush Alumni Assn. Bull. 9:1-13 (July) 1912.
11. Martin, Franklin H., The Joy of Living. Doubleday-Doran, New York. 1933.
12. Quine, William E., Early History of the Cook County Hospital to 1870. Bull. Soc. Med. Hist. Chgo. 1:15-24 (October) 1911.
13. Weaver, George H., The First Period in the History of Rush Medical College, 1843-1859. Rush Alumni Assn. Bull. 9:13-22 (July) 1912.
14. Webster, John C., Isaac Newton Danforth, Bull. Soc. Med. Hist. Chgo. 1:135-144 (March) 1913.

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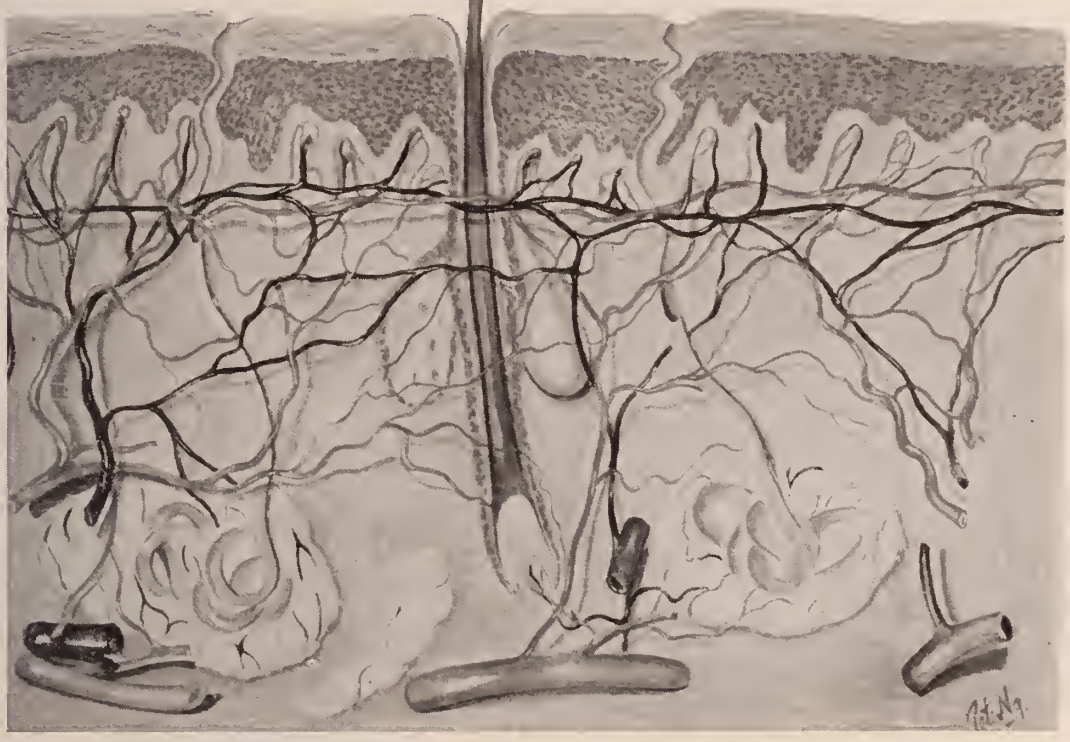
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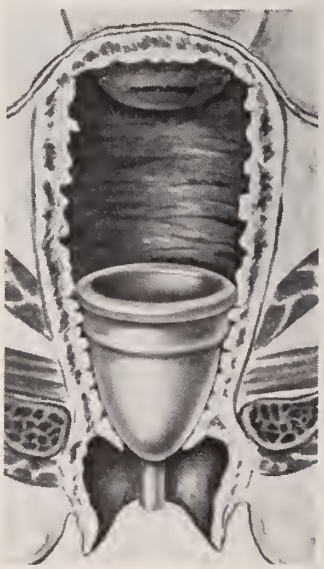
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Ref: Pena, E.F., Obst. & Gynec., *19:*794, 1962. Karnaky, K.J., Obst. & Gynec., *19:*688, 1962. Pena, E.F., Obst. & Gynec., *19:*684, 1962. Karnaky, K.J., Tri-State M.J. Sept., 1961. Burrus, S. Jr., Am. J. Obst. & Gynec. *80:*390, 1960. Karnaky, K.J., Tri-State M.J. Aug. 1960. Karnaky, K.J., Tri-State M.J., June, 1960. Liswood, R., Cur. Med. Dig., *26:*92, 1959. Schaefer, G., Clin. Obst. & Gynec., *2:*535, 1959. Liswood, R., Obst. & Gynec., *13:*539, 1959. Dickinson, R.L., JAMA, *128:*490 (June 16) 1945. Biskind, Mod. Med., *22:*128 (June 15) 1954.



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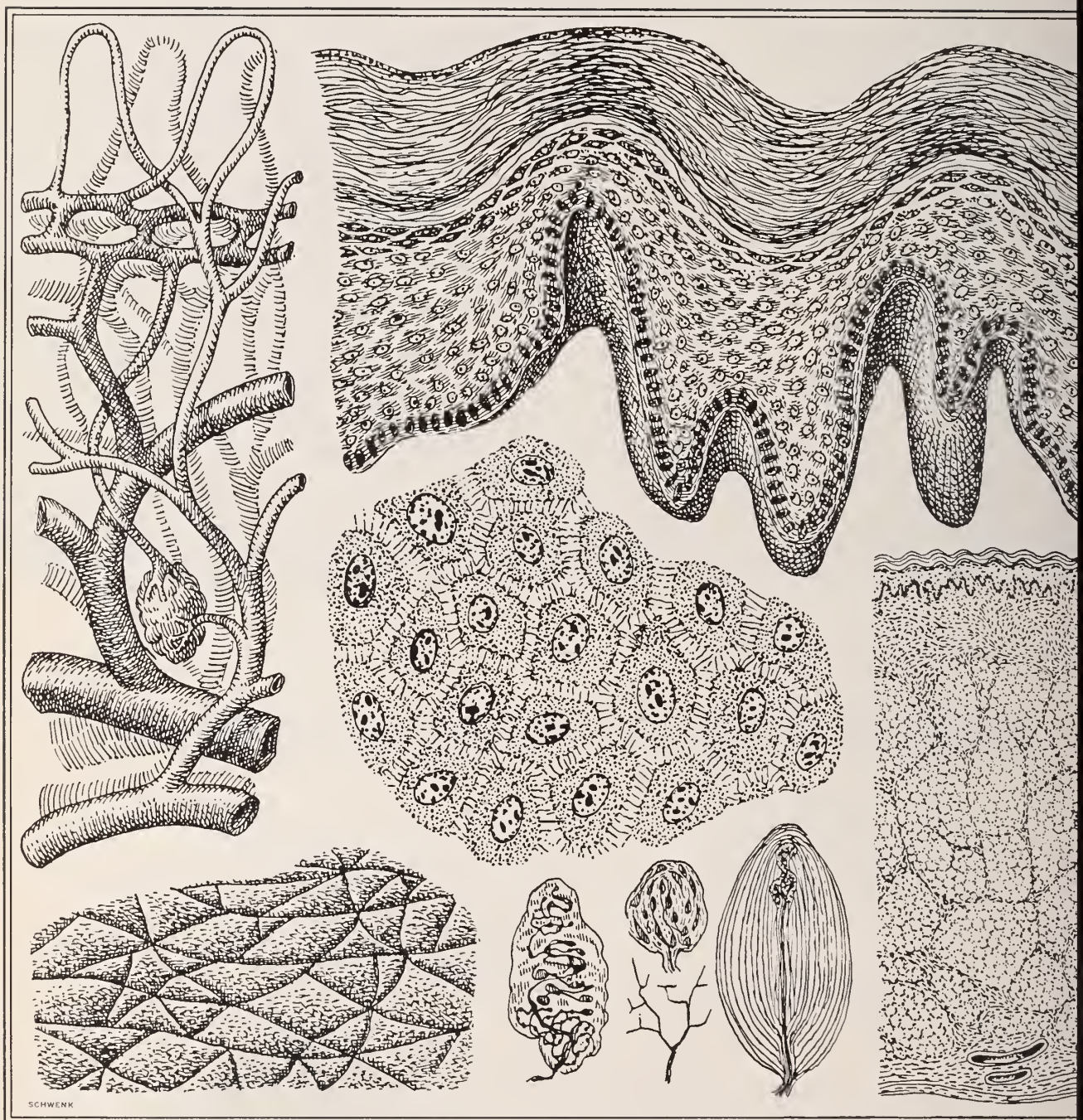
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1 Plantar tinea pedis before therapy.

2 After two weeks of therapy.

3 Six weeks later, skin essentially normal (two weeks after termination of therapy).

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Hope now, where there was no hope. Drugs which help now, where there were no known drugs which helped—even five years ago. Independent drug research is continuing in this vital area. But, should it be discontinued because the cost must somehow be reflected in the ultimate price of the new drug—if it is to be discovered? Or should the sign read, as it has throughout time in overcrowded mental institutions: "NO VACANCIES."

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PULSE of the Illinois State Medical Society

and Illinois Auxiliary News

Illinois Medical Journal

May, 1963 *A Service of the Public Relations Division*



ONE OF THE MOST INFORMATIVE medical programs on radio today is ISMS' new "Medical Interview" show, which debuted on some 22 downstate stations earlier this month. Among the program's first guests was Dr. Ralph H Kunstadter (left) chairman of ISMS' child health committee. Dr. Kunstadter, shown here with ISMS PR Director Donald L. Martin, the program moderator, discussed the new measles vaccine.

ISMS' Medical Interview Radio Series Gets State-Wide Distribution—22 Stations

ISMS' new five-minute radio series, Medical Interview, has caught on like "wildfire." It is so popular, in fact, that 22 Illinois stations are broadcasting it weekly.

Produced by the Society's PR staff in the interest of public service, Medical Interview features timely discussions with physicians prominent in their field. Its purpose is to keep the public informed of medical news and health information.

Medical Interview made its debut the week of April 28-May 4 with ISMS President Dr. George F. Lull discussing "Cancer Quackery." Dr. Ralph Kunstadter, chairman of the ISMS Child Health Committee, followed with "New Measles Vaccine."

Medical Interview can be heard each week in the following communities:

Aurora, 5:10 p.m., Sunday, Station WKKD;

Beardstown, 10:37 p.m., Tuesday, WRMS;

Belleville, WIBV;

Cairo, 3:50 p.m., Monday, WKRO;

Clinton, 3:00 p.m., Sunday, WHOW;

DuQuoin, 10:15 a.m., Tuesday, WDON;

Effingham, 11:45 a.m., Thursday, WCRA;

Galesburg, 9:30 a.m., Saturday, WAIK;

Harvey, 7:55 p.m., Sunday, WBEE;

Jerseyville, 11:00 a.m., Sunday, WJBM;

Kankakee, 10:55 p.m., Saturday, WKAN;

Lincoln, 2:25 p.m., Friday, WPRC;

Monmouth, 10:00 a.m., Saturday, WRAM;

Mount Vernon, 3:05 p.m., Sunday, WMIX;

Murphysboro, 9:10 a.m., Tuesday, WINI;

Paris, 2:45 p.m., Wednesday, WPRS;

Robinson, 10:05 a.m., Wednesday, WTAY;

Sparta, 10:30 a.m., Monday, WHCO;

Streator, between 9:00 and 9:30 a.m., Saturday, WIZZ;

Taylorville, at various times throughout the day, WTIM;

West Frankfort, 2:00 p.m., Sunday, WFRX.

Waukegan, 2:45 p.m., Thursday, WKRS;

'Operation Hometown' Begins



"OPERATION HOMETOWN" IN ILLINOIS was inaugurated at a recent meeting for newly appointed county chairmen. Here Dr. V. P. Siegel, East St. Louis (second from right), Chairman of ISMS Committee on Medical Service, discusses the campaign with (left to right) Mrs. John Van Prohaska, Dr. J. Ernest Breed, chairman of the Chicago Medical Society's Legislation Information Committee, and Dr. Lambert F. Mammoser. The program is designed to present medicine's views on proposed medical legislation to all the citizens of the state.

Adams County Auxiliary Presents Youth Health Careers Program

The opportunity for a career in one of ten health professions was presented to more than 400 students in Quincy recently at a special program arranged by the Woman's Auxiliary to the Adams County Medical Society.

Mrs. Roy T. Rapp, Chairman of the program, and her committee, Mrs. George Crickard, Mrs. Walter Libmann and Mrs. John Kiselis with the cooperation of their Recruitment Chairman, Mrs. Raymond Holben, hosted the students in the gym of the Notre Dame high school, April 4.

Slide Presentation

The program, similar to one held recently by the Lake County Auxiliary, featured Dr. H. G. McGavran, president of the Adams County Medical Society, who introduced the field of health careers.

Then Mrs. Jane-Algeo Watson, public relations director of the Illinois Hospital Association, representing the Health Careers Council of Illinois gave a 40-minute color slide presentation with accompanying commentary depicting the ten health professionals at work in a hospital setting.

The ten professions are doctor of medicine, nursing, occupational and physical therapy, medical and x-ray technician, medical record library science, dietetics, pharmacy, and medical social work.

Individual Guidance Offered

Following her presentation, the students were offered individual counseling by local health career professionals. While the students received this guidance, a workshop on health career guidance was given to the high school counselors of all Quincy area high schools.

Mrs. Watson led the discussions assisted by Dr. Roy Rapp, Miss Margaret Beard, director of the medical record library of the Illinois State Psychiatric Institute, Mrs. Dorothy Treiber, Division of Services for Crippled Children from the Springfield District office of the University of Illinois, and Mr. Wayne Messick, Director of Education and Public Information of the Adams County Health Department.

Mrs. Watson was enthusiastic in her praise for the efficient work of the Auxiliary, "With this kind of cooperation from the Auxiliary," she said, "we could present the Career Guidance Program of the Health Careers Council to the 1,100 Illinois high schools efficiently and effectively. Mrs. Rapp and her committee are to be praised highly for a magnificently organized program," she concluded.

Look At 'The Year'

The Auxiliary Year cannot be neatly put within a frame of time. It is what the years before it prepared it to be and it is what you and I let it be. 'The Year' is our hope for the future made visible now. And we each can be proud to be a part of what we see.

'The Year' has strength. Because the materials of our services are held together by the framework of the organization we can combine our time, talents, efforts and finances to give power to our common purposes and goals.

And 'The Year' has beauty. Through moving adaptability we bring unity, harmony and balance to the diverse factors that are ours to work with. From our striving for health and happiness there radiates a goodness that is felt by all who are affected.

'The Year' with its strength and beauty brings to the world a unique opportunity to progress onward and upward. The people look with hope to us of medicine to lead them to a better life.

Like a great painting, let us continue to create a work that will live with truth and beauty throughout the ages. The Convention is the year's climax as well as a new start on the next. Let us go on together!

Mrs. Wendell Roller,
President—1962-1963



MARYVILLE ACADEMY MADE MEDICAL HISTORY earlier this month, with Dr. Edward A. Piszczek, member of the ISMS Board of Trustees, playing a leading role. Maryville, a home for dependent children located in Des Plaines, was the first institution in Illinois—and possibly the country—to have everyone of its 800 children immunized against all diseases for which immunization is normally available. Four-year-old Patty was the last of Maryville's pupils to line up under Dr. Piszczek's direction to receive the new live virus measles vaccine. Dr. Piszczek is medical consultant to the institution.

Radio-TV Beam Medicine's Message to Illinois

Six months ago, the ISMS PR committee decided to step up its radio and television services, thereby adding a new dimension to its total communications program. Today ISMS boasts one of the most effective radio-TV services of any state society in the country.

"And it's really paying dividends," said Dr. Robert E. Heerens, chairman of the audio-visual subcommittee of the society's PR committee. "The messages of organized medicine in Illinois are receiving greater coverage than ever before."

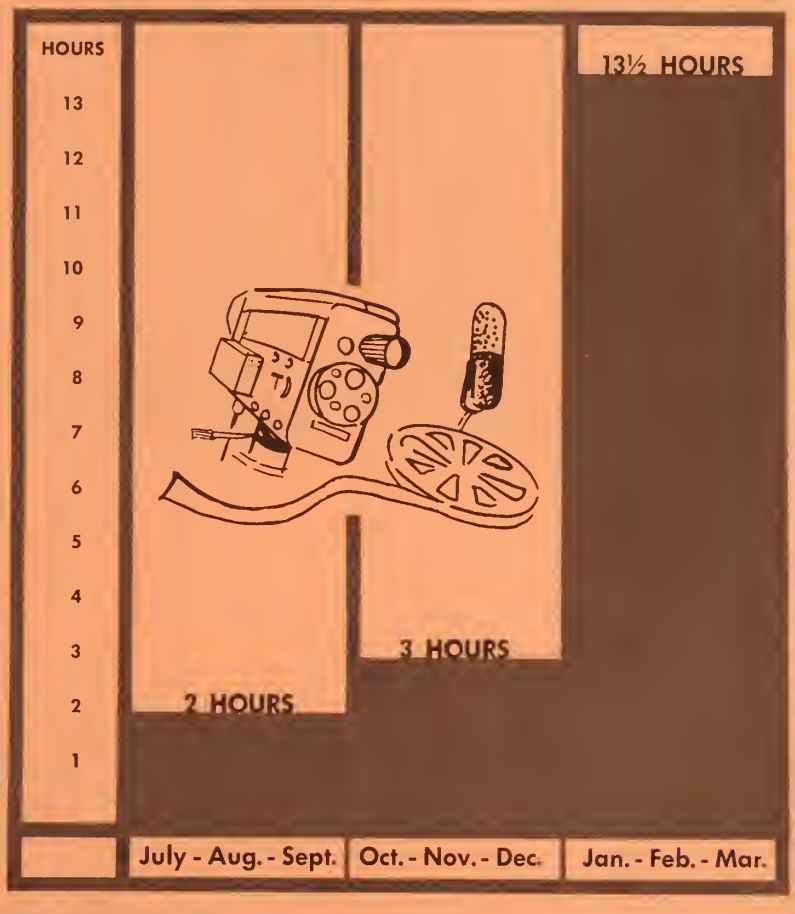
The most popular aspect of the new service has been the placement of physicians on radio and TV interview shows. During the first quarter of 1963 (Jan.-Mar.), ISMS members appeared on 30 different programs, including television's "Woman On the Go" and "Lee Phillips" shows and radio's "Conference Call" and "Tony Veitzel" programs, among others.

"This means that every third day, one of our members appears on radio or TV carrying the message of ISMS . . . and providing a public service as well," Dr. Heerens added. "By discussing everything from medicare to child weaning, we are not only helping to educate and inform the citizens of Illinois, but we're winning friends in the process."

Physicians are proving so popular on the air, he pointed out, that the PR staff is having difficulty filling the increasing requests for personal appearances.

Establishment of a radio-TV speaker's bureau is only a small part of the entire program, however. Other radio and TV projects undertaken within the past three months include:

- Production of a weekly, five-minute (taped) radio series called Medical Interview. The series, aired by 22 downstate radio stations, features timely interviews on such topics as the new measles vaccine, freezing ulcers, etc.
- Writing and recording 30 public service announcements (Health Tips For Better Living) every month for Radio WJJD, Chicago. These "spots" are so successful that ISMS has made them available to all county medical societies for sponsoring on their local stations.
- Production of 10-second TV station break slides urging families to protect themselves against measles, tuberculosis, smallpox, and other contagious diseases. These slides have been distributed to every station in Illinois.
- Distribution of a one-minute public servce TV film designed to promote the Medical Self Help Training course. These films may be requested by any county medical society for use on local TV stations.



HERE'S HOW ISMS HAS STEPPED UP its radio and TV air time during the past nine months. Actually the radio-TV story is even more encouraging than the above figures indicate, for the chart does not take into account the many hours of broadcasting time ISMS still receives from its Burgess Meredith "Safeguard Your Health" spots.





HERE'S WHAT ISMS' new station break slides will look like on your television screens. The 10-second health message opens with slide #1 (left) and concludes with slide #2 (right). Every TV station will have its own identification at the top of slide #2. Similar TV messages have been prepared on such subjects as smallpox, tuberculosis and other communicable diseases.



IN APPRECIATION for her outstanding efforts on behalf of the Medical Self Help Training program, ISMS presented a bronze plaque to Lynne Walker, prominent TV personality of Station WBKB (ABC). ISMS PR Committee Chairman Dr. Leo P. A. Sweeney (second from left) made the presentation following Dr. Max Klinghoffer's 13th MSHT presentation on Miss Walker's show. A similar award was made to the station, with WBKB Program Manager Daniel Schuffman (left) accepting. Dr. Klinghoffer, chairman of the ISMS Disaster Medical Care Committee, looks on.

Note of Thanks

The following is a copy of a letter received recently by the American Medical Association and forwarded to ISMS. We pass it along in hopes that—as the writer says—it may prove "an inspiration to the entire profession."

Gentlemen:

In these days when so much adverse criticism is leveled at our medical men, may I cite one whose kindness to the elderly is an inspiration to the entire profession.

I refer to Dr. ——, Oak Park, Ill.

Both my father and mother were his patients during the past four years. Their income was a small pension; their medical needs were great. My mother was a demanding patient, the type most doctors would be happy to be without. The patience and kindness extended to her during her last years by Dr. —— was an inspiration to us all.

My mother passed away Dec. 14, 1962, my father Sept. 10, 1960. I shall always be grateful that Dr. —— had them in his care during their last years.

Sincerely,
Mrs. A. P.

Student Loan Program Aids 115 Physicians, Interns, in State

Some 115 physicians, interns and medical students have benefited from the ISMS Rural Health and Student Loan program since its inception in 1947, according to Dr. Jack L. Gibbs, chairman of the program committee.

Loans totaling $173,275 have been dispersed to 51 physicians now practicing in Illinois, 32 medical students and 25 interns and military servicemen. The program also helped finance the education of seven other physicians who failed to fulfill their contractural obligations regarding practice in a rural community.

Personal P.R.—III

Greeting Your Patients

A businessman who went to see his doctor recently wrote:

"I entered a deserted waiting-room. There was no receptionist. The only indication of human habitation was a placard on a doorknob stating that 'Doctor Is In.' So I sat down, wondering whether I should make my presence known. But how? Should I go over to the door and knock or open it a crack?

"I picked up a magazine but could not concentrate. My irritation was growing. I waited ten minutes, wondering how the doctor would know I had arrived. Another ten minutes passed—by that time I felt like the forgotten man!"

This treatment does not endear a doctor to his patients. If you do not have a receptionist, why not place a register in your reception room with a sign above it, clearly saying, "Please sign the register when you arrive. Doctor will see you shortly." Or, "Please ring the bell for the receptionist and be seated. The doctor will see you in a few minutes." The patient is immediately reassured—he is expected.

If you employ a girl who greets your patients, train her in the art of welcoming them. Place her desk so that she can see all newcomers yet converse with patients with some degree of privacy.

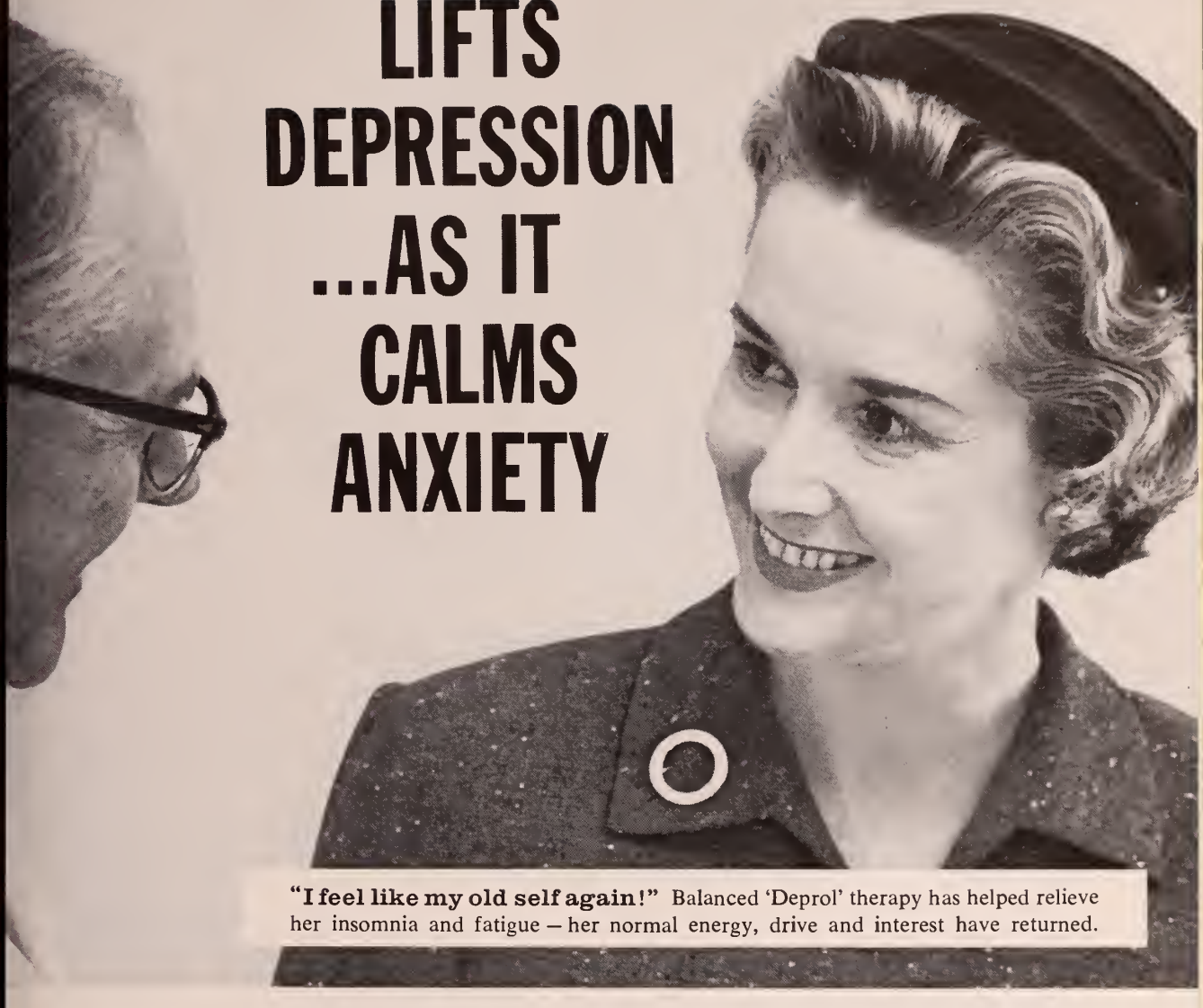
Patients have a right to expect courtesy in the doctor's office. They have come, as consumers, ready to purchase medical service. Each person should be greeted not only with courtesy but with friendliness. Rich or poor, every patient should be treated with the same consideration and recognized as an individual.

When your receptionist greets patients, she can use a typical welcome: "Good morning, Mrs. Smith. You are right on time! The doctor will see you in just a few minutes. Won't you sit down? There are some new magazines on the table..."

When the doctor is ready to see Mrs. Smith, the receptionist should usher her into his office. If she is a new patient, introductions should be made, just as if a guest were being introduced to a host. Make sure you get the name right. Nothing is more irritating than having your name mispronounced.

When there is no receptionist, the doctor himself must assume the full responsibility for greeting his patients. After checking his appointment book to determine who is next on his schedule, he can step to the door of his waiting-room and with a friendly smile announce the patient's name in such a way as to indicate a greeting and that you are now ready to see her.

LIFTS DEPRESSION ...AS IT CALMS ANXIETY



"I feel like my old self again!" Balanced 'Deprol' therapy has helped relieve her insomnia and fatigue – her normal energy, drive and interest have returned.

Brightens mood...relaxes tension

Energizers may stimulate the depressed patient, but they often aggravate anxiety. Tranquilizers may help anxious patients, but they often deepen depression. 'Deprol' avoids these "seesaw" effects; it relieves both anxiety and depression.

Product Information: 'Deprol' is indicated for depression, especially when accompanied by anxiety, tension, agitation, rumination or insomnia. Slight drowsiness and, rarely, allergic reactions, due to meprobamate; and occasional dizziness or feeling of depersonalization in higher dosage, due to benactyzine, may occur. Meprobamate may increase effects of excessive alcohol. Use with care in patients with suicidal tendencies. Consider possibility of dependence, particularly in patients with history of drug or alcohol addiction. Withdraw gradually after prolonged use at high dosage.

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Usual Dosage: 1 tablet q.i.d. May be increased gradually, as needed, to 3 tablets q.i.d.; with establishment of relief, may be reduced gradually to maintenance levels.

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International PG Course Via TELSTAR

A NEW CHAPTER IN THE ADVANCE of electronic medical communications has been ushered in by the space communications satellite Telstar. To the applause of more than 1,000 physicians at the XII International Congress of Dermatology in Washington last September, Telstar transmitted the first intercontinental medical information telecast.

For the dermatologists, it was a glimpse of one of the possible uses of space communications in the future.

"The telecast may point the way to a great improvement in communications between medical and scientific groups in all nations," declared Dr. Donald M. Pillsbury, of Philadelphia, president of the International Congress.

"In medicine our standard methods of communication suffer from various defects—such as delays in publications, an understandable infrequency of international gatherings and potential sources of misunderstanding and error through the written word. A means of confrontation between colleagues thousands of miles apart offers possibilities which are enormously exciting."

The telecast was more than an ordinary medical exchange. The picture which the dermatologists saw possessed an ingredient that previous television transmissions between the United States and Europe by Telstar had not had, an ingredient of great significance in medical communications—color. The dermatologists witnessed the first live color telecast using a space satellite.

The program was another first for the color television crews of Smith Kline & French Laboratories, Philadelphia pharmaceutical firm, which has been producing color television programs at major medical meetings since 1949. Television facilities of the firm and its British subsidiary, Smith Kline & French Laboratories Ltd., were used for the telecast.

The telecast, a 17-minute demonstration and discussion of advances in the treatment of psoriasis, originated in a Royal Naval Air Station hangar near windswept Goonhilly Downs, England, site of the British communications satellite sending and receiving station. A panel of British physicians presented seven patients, six men and a woman.

As the dermatologists jammed into the main ballroom of Washington's Shoreham Hotel, anxious television crewmen bit their nails. Despite the many technical problems which transmision of a color signal from England entailed, they had been confident that it could be done successfully.

The first image from abroad, a color pattern, showed the color faintly, but the moving images showed none at all. However, as the program progressed, the color began to come through, faintly at first, then more and more strongly. When the color of the lesions of psoriasis came through clearly in Washington, the dermatologists stood and applauded.

As Telstar transmitted the color image from England to the United States, the panel of British physicians and a panel of American physicians were in voice communication with each other by Atlantic telephone cable. It was not possible to use Telstar for both sound and picture because the transmission of color required all the band width Telstar could muster. The Atlantic cable hookup began before the Telstar pictures appeared on the giant screen, and continued after Telstar orbited out of position for further pictures from England.

Dermatologists at the Shoreham viewed the American panelists on the large screen for about 15 minutes before the Telstar transmis-



Smith, Kline & French Laboratories

MORE THAN 1,000 DERMATOLOGISTS jammed the Main Ballroom of the Shoreham Hotel in Washington to witness the first intercontinental medical exchange by Telstar-transmitted television. The program demonstrated the feasibility of television as a transoceanic educational medium.



Smith, Kline & French Laboratories

MEMBERS OF THE BRITISH PANEL for the Telstar medical telecast getting ready for the program. From left, the panelists are Dr. William N. Goldsmith, Consulting Dermatologist, University College Hospital, London; Dr. Geoffrey B. Dowling, Consulting Physician to the Department of Dermatology, St. Thomas's Hospital, London, and Consultant in Dermatology to the Royal Air Force; Dr. Robert M. B. MacKenna, Physician in Charge of the Skin Department at St. Bartholomew's Hospital, London, and Consultant in Dermatology to the British Army; Dr. Henry R. Vickers, Lecturer in Diseases of the Skin at the University of Oxford and a Consultant Dermatologist, Radcliffe Infirmary; and Surgeon Commander Ronald W. B. Scutt, Senior Specialist in Dermatology to the Royal Navy.

sion came in, permitting them to observe the vivid color which will be possible as space satellite communications are developed further.

The program was put together and the technical details arranged in less than two weeks after Smith Kline & French received permission from the American Telephone and Telegraph Company to use time on Telstar Pass 587 over the Atlantic for an intercontinental medical telecast.

Because color television transmission is less advanced in England than in the United States, it was necessary to set up the British studio close to the satellite transmitting station. The signal went by microwave from the naval air station to Goonhilly Downs, thence to Telstar, from Telstar to the satellite sending and receiving station at Andover, Maine, thence by microwave to Georgetown Hospital in Washington, where SK&F television equipment transmitted the signal to the projector and screen in the Shoreham.

Smith Kline & French has pioneered in electronic medical communications and color television. On June 6, 1949, SK&F produced the first non-experimental telecast in color seen in this country. Delegates to the American Medical Association's Annual Session, meeting in Atlantic City's Convention Hall, observed an appendectomy performed at the Atlantic City Hospital.

Two years later SK&F presented the first transcontinental color telecast and in that same year produced the first color television programs seen in Canada and continental Europe.

In 1955, SK&F set up a multi-city closed circuit television network for medical use, and in 1959 linked Philadelphia's five medical schools by closed circuit color television for a series of lectures.

"Our aim is to provide a means for leaders in all medical and surgical fields to bring their colleagues up to date on medical advances," says Robert Reath, head of the Color Television Section at SK&F. "Television's ability to reach large audiences visually, whether they are in one auditorium or in lecture rooms in different cities, simultaneously and 'live', is certainly an achievement no other medium can claim.

"Large groups are able to see close-up views of demonstrations that could normally be seen by only a few. The response to color television as a teaching medium has been very favorable. About 81 per cent of physicians we have queried prefer color television clinics to platform or auditorium clinics, and about 84 per cent prefer to watch surgery on color television than in an amphitheatre.

"We will be watching the development of Telstar and the other space communications satellites closely to gauge their utility for broader, speedier medical communications in the future."

Medical School News

Chicago Medical School

A new Division of Metabolic Research has been established at the Chicago Medical School and will be headed by Dr. Jacob D. Judah.

The new director has been an associate member of the Wistar Institute of Anatomy and Biology in Philadelphia since 1959 and has served as associate professor of pathology at the University of Pennsylvania School of Medicine.

Northwestern University

Dr. Gene Stollerman, professor of medicine and director of the Sackett Rheumatic Fever Research Laboratory at Northwestern University Medical School, has been invited to visit Moscow next March. He recently hosted two Russian professors at his laboratory. Their visit was recorded in the January issue of the *Illinois Medical Journal.*

Richard C. Reznichek, a junior in Northwestern University Medical School, has been awarded a foreign fellowship that will enable him to obtain supervised medical experience in Cambodia, the Association of American Medical Colleges announced. The fellowship was made possible by a grant from Smith, Kline and French Laboratories. He is among 31 U.S. Medical students selected this year and will spend from 10 to 12 weeks in Cambodia.

Elections

Dr. Wright Adams of Chicago was re-elected a governor of the American College of Physicians during its 44th Annual session in Denver.

Dr. Morris A. Kaplan, clinical associate professor of medicine at the Chicago Medical School, was recently installed as president of



the American College of Allergists at its annual meeting in New York.

Dr. Samuel J. Turner is the new president of the medical staff of Mount Sinai Hospital. He is chairman of the department of obstetrics and gynecology at the hospital.

Appointments

The Hektoen Institute for Medical Research has announced the appointment of Dr. Robert A. Miller as Director of Cardiophysiology. Dr. Miller has served since 1957 as Head of the Division of Cardiology at Children's Memorial Hospital.

Dr. Paul V. Harper has been appointed associate director of the Argonne Cancer Research Hospital at the University of Chicago. Dr. Harper has been a member of the University of Chicago faculty since 1949. He is widely known for his contributions to the use of radioisotopes in the diagnosis and treatment of cancer.



Three Chicago area scientists confer with Rev. Edward J. Drummond, S.J., vice president for St. Louis University's Medical Center (far right) during recent symposium on Research in Neurology and Psychiatry held in St. Louis in conjunction with the dedication of new research laboratories at the David P. Wohl Memorial Mental Health Institute. (Left to right) Dr. Edward T. Auer, head of the Institute and director, department of Neurology and Psychiatry at St. Louis University; Dr. Philip Q. Seitz, Chicago Psychoanalytic Institute; Dr. Benjamin Boshes, chairman, Department of Neurology and Psychiatry, Northwestern University; Dr. Melvin Sabshin, professor of psychiatry, University of Illinois and Father Drummond.

Six Illinois physicians have been reappointed to the Psychiatric Training and Research Authority by Governor Kerner. They are Drs. Jules H. Masserman, Peter J. Talso, Paul C.



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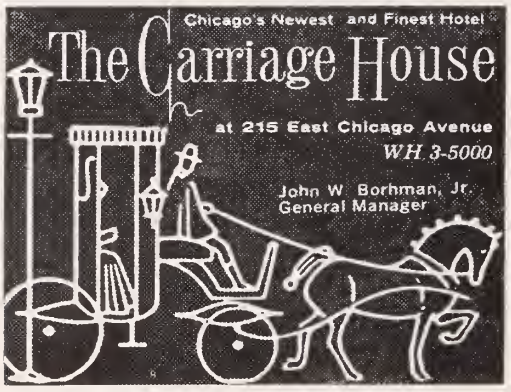
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1. Murphy, H. L., and Klasson, D. H.: N. Y. State J. Med. 57:1908, 1957.
2. de Crinis, K., Redisch, W., and Steele, J. M.: Proc. Soc. Exper. Biol. & Med. 102:29, 1959.



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Bucy, Roy R. Grinker, William H. Haines and Paul E. Nielson.

Four physicians have been appointed to head divisions of the Children's Memorial Hospital and to serve on the faculty of Northwestern University Medical School. Dr. J. Gordon Millichap of Boston will begin work July 1 as head of a new full time division of neurology instituted through the aid of the Brain Research Foundation of Chicago. Dr. Wayne H. Borges of Pittsburgh will head the division of hematology. Dr. Orville C. Green from Columbus, Ohio, will head the division of endocrinology while Dr. Hugh Lamson Moffet from Wake Forest College, North Carolina, will head the new division of infectious diseases.

Dr. William M. Lees has been appointed chairman of the medical staff campaign committee for the Skokie Valley Community Hospital building fund.

Michael Reese Alumni

The Annual Reunion of the Michael Reese Hospital Staff will be held Wednesday, May 29. The program will include morning clinics and lunch at the hospital and a banquet at the Furniture Club in the evening. Former house staff and present attending staff members are urged to make reservations immediately. They may be sent to Michael Reese Hospital Alumni Association, 29th Street and Ellis Avenue, Chicago 16.

New Centers

A new outpatient clinic for mental health problems has recently opened at the Ridgeway hospital. The hours are in the evening on Tuesdays and Thursdays of each week from 5 to 9 p.m.

The first event of the new Burnsides Research Laboratory at the University of Illinois' Urbana campus will be a Symposium on Lipids, June 16-18. The symposium is planned to be an open-house for scientists from throughout the nation.

Crippled Children's Clinics

June 5 Alton Rheumatic (Fever & Cardiac)—Alton Memorial Hospital
June 5 Carmi—Carmi Township Hospital
June 5 Hinsdale—Hinsdale Sanitarium
June 6 Effingham (General)—St. Anthony Memorial Hospital
June 7 Chicago Heights (Cardiac)—St. James Hospital
June 11 East St. Louis—St. Mary's Hospital
June 11 Peoria (General)—Children's Hospital
June 12 Champaign-Urbana—McKinley Hospital
June 12 Aurora—Copley Memorial Hospital
June 13 Bloomington (Cerebral Palsy)—St. Joseph's Hospital
June 13 Springfield (General)—St. John's Hospital
June 14 Evanston—St. Francis Hospital
June 18 Belleville—St. Elizabeth Hospital
June 19 Chicago Heights (General)—St. James Hospital
June 20 Elmhurst (Cardiac)—Memorial Hospital of DuPage County
June 20 Rockford—St. Anthony's Hospital
June 21 Chicago Heights (Cardiac)—St. James Hospital
June 25 Effingham (Rheumatic Fever & Cardiac)—St. Anthony Memorial Hospital
June 25 Peoria (General)—Children's Hospital
June 26 Springfield (Cerebral Palsy p.m.)—Memorial Hospital
June 27 Bloomington (General a.m.)—St. Joseph's Hospital

PG Courses

The American College of Physicians will present a Postgraduate Course in Current Topics in Internal Medicine, June 10-14 at the University of Iowa Department of Medicine, Iowa City, Iowa. The course will review recent

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Geriatrics



Mental
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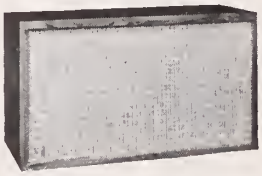
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developments and newer concepts of disease in Internal Medicine for the practicing internist. Information may be obtained from the College, 4200 Pine Street, Philadelphia 4, Pa.

Films

A filmed report on the long-term use of Fulvicin in the treatment of fungus infections is now available from Schering Corporation, Bloomfield, New Jersey. Entitled "Diagnosis and Management of Fungus Infections of the Skin, Hair, and Nails," the film uses clinical case presentations by prominent dermatologists to illustrate the latest concepts on dosage, lengths of therapy and specific indications.

Meeting Memos

American Proctologic Society, San Francisco, May 20-23
American Ophthalmological Society, Hot Springs, Va., May 27-29
American Society for Gastrointestinal Endoscopy, San Francisco, May 29
American Gastroenterological Association, San Francisco, May 30-June 1
American Geriatrics Society, Montreal, June 6-8
Society of Biological Psychiatry, Atlantic City, June 7-9
American Neurological Association, Atlantic City, June 10-12
American College of Chest Physicians, Atlantic City, June 13-17
American Therapeutic Society, Atlantic City, June 13-16
Endocrine Society, Atlantic City, June 13-15
American Diabetes Association, Atlantic City, June 15-16
American Medical Association, Atlantic City, June 16-20
American Physicians Art Association, Atlantic City, June 16-20
National Proctologic Association, Atlantic City, June 16-20
Society for Investigative Dermatology, Atlantic City, June 17-20

Dr. Edward R. Annis, president-elect of the American Medical Association, will be one of the principal speakers at the 17th Annual Rocky Mountain Cancer Conference, July 12-13, at the Brown Palace Hotel in Denver, Colorado.

The first day of the Conference will be devoted to scientific papers presented by the guest speakers. A panel discussion featuring the guest speakers and entitled "Available Methods in the Treatment of Persistent Cancer," will highlight the morning session of the second day. A Round-Table Forum will follow the panel in the afternoon.

New Publications

Medical Abbreviations, A Cross Reference Dictionary, the first and only cross reference medical abbreviations dictionary has recently been published by the Michigan Occupational Therapy Association and is available for $2.25 from them at the Department of Physical Medicine and Rehabilitation, University Hospital, Ann Arbor, Michigan.

"Hospital and Medical Economics," a two-volume report on a three-year study in Michigan, has just been published by the Hospital Research and Educational Trust, Chicago. The study is a comprehensive report on public policy problems in voluntary health insurance and personal health services. The two-volume set may be ordered at $20 from the Hospital Research and Educational Trust, 840 Lake Shore Drive, Chicago 11.

Two new pamphlets on medical problems have been issued by the Public Affairs Committee. "Food Hints for Mature People" discusses a properly reasoned, seasoned selection of food. "Multiple Sclerosis — New Hope in an Old Mystery" provides an explanation of the disease, a summary of research and a description of types of care offered. The pamphlets are available for 25 cents from the Committee at 22 East 38th Street, New York 16, New York.

"Proctosigmoidoscopy for the Detection of Asymptomatic Cancer" is a new pamphlet of the American Cancer Society which is available through local units of the Society. The Illinois unit is located at 37 South Wabash Avenue, Chicago 3, Illinois.

Physicians interested in a detailed report on the Pilot Study of the President's Council on Youth Fitness, conducted in the fall of 1961 in Muskogee, Oklahoma schools by the East Central Oklahoma Medical Society, may obtain copies on request from "Medicine in Sports," Rystan Company, Mount Vernon, New York.

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in medicine, was issued by Pfizer Laboratories and J. B. Roerig and Company, ethical drug divisions of Charles Pfizer & Co., Inc. Titled "Your Career Opportunities in Medicine," the free booklet is prepared for high school students and college freshmen and sophomores. It provides information on the wide range of career possibilities in medicine. The booklet is available through the Education Services Department, Chas. Pfizer & Co., Inc., 253 East 42nd Street, New York 17, New York.

Distribution is now being made of the 1962 edition of "A List of Current Health Insurance Books." The new publication provides an expanded listing of books on health insurance currently available from commercial publishers and other sources. Single copies of the booklet are free upon request from the Health Insurance Insititute, 488 Madison Ave., New York 22, New York.

New Medical Tape Recording Library

The California Medical Association's nonprofit subsidiary, the Audio-Digest Foundation, has lately released a library of more than 250 one-hour tape recordings of comprehensive and penetrating discussions of everyday office problems. The 1962 "Catalog of Classics" makes available to individual physicians, hospitals and clinics program and teaching material in six areas: anesthesiology, obstetrics-gynecology, surgery, internal medicine, pediatrics and general practice. A number of tapes are taken directly from the annual meetings of various national and international medical societies.

For copies of the new catalog write the Foundation at 619 S. Westlake Ave., Los Angeles 57.

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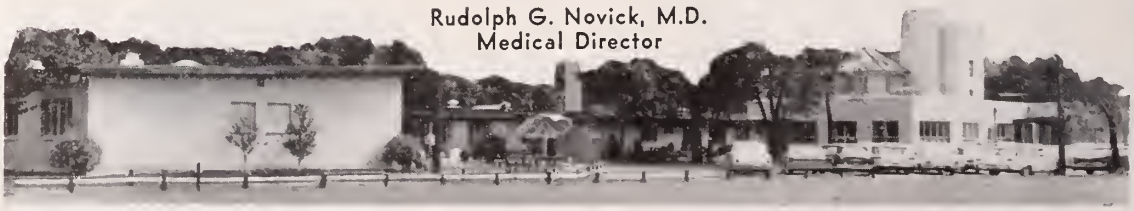
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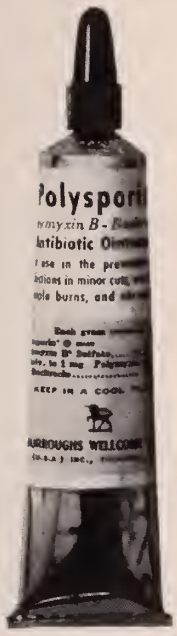
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Deaths

Benjamin D. Baird*, Galesburg, a graduate of Beaumont Hospital Medical College in St. Louis in 1894, died March 14, aged 90. He was an emeritus member of the Society, a member of the 50 Year Club and had served as president of the Knox County Medical Society in 1924.

James H. Bloomfield*, Chicago, a graduate of the University of Illinois College of Medicine in 1913, died March 30, aged 74. Certified in obstetrics and gynecology in 1930, he was a founding member of the American College of Obstetrics.

Stuart Broadwell*, Springfield, a graduate of University of Pennsylvania School of Medicine in 1919, died March 20, aged 70. He was certified in otolaryngology in 1930.

Grover C. Buntin, Benton, a graduate of St. Louis University School of Medicine in 1913, died January 9, aged 78.

Edson W. Carr*, LaGrange, a graduate of Chicago Medical School in 1928, died aged 70. Certified in radiology in 1936, he was a member of the American College of Radiology and the Chicago Roentgen Society.

Howard B. Carroll*, Chicago, a graduate of Northwestern University Medical School in 1925, died March 18, aged 64. He was president of the medical division alumni association of the university from 1942-47; received its service award in 1944, and was national president of Phi Rho Sigma medical fraternity. Certified in internal medicine in 1938, he was associate professor of medicine at Northwestern. He was a former reserve officer in the army and public health service.

Lumir Edward Dostal, Chicago, a graduate of Rush Medical College in 1931 died December 6, aged 57. He was a veteran of World War II.

Melvin Feiler*, Chicago, a graduate of Freidrich-Wilhelm University Medical School, died January 26, aged 74.

J. Ellis Hodes*, San Clemente, California, died April 7, aged 75. He had practiced in Chicago prior to his retirement five years ago.

Richard J. Jones, Jr.*, Florida, previously reported in the March issue as a graduate of the University of Buffalo, was a graduate of Loyola University Medical School in 1940, died December 17, aged 48. During World War II he was a Captain in the Medical Corps.

Archibald M. Kadow*, Chicago, a graduate of Marquette University School of Medicine in 1929, died March 12, aged 59. He was a member of the Polish Medical Society.

Clarence F. Kelly*, Du Quoin, a graduate of the University of Illinois College of Medicine in 1933, died March 6, aged 54. He was past president of the Perry County Medical Society and chief of staff Marshall Browning Hospital in Du Quoin.

Harry L. Logan*, Salem, a graduate of St. Louis University School of Medicine in 1905, died March 6, aged 78. During World War 1 he served in the medical corps of the 23rd squadron and also organized two hospitals in England. He was an emeritus member of ISMS and a member of the 50 Year Club.

Van Buren Maricau, East Peoria, a graduate of Loyola University School of Medicine in 1916, died March 9, aged 74.

Michael L. Mason*, Wood Dale, a graduate of Northwestern University School of Medicine in 1924, died March 30, aged 68. Certified in surgery in 1939, he was a former officer of the American College of Surgeons and a past president of the Chicago Surgical Society and the Western Surgical Association. He served as professor of surgery at Northwestern University had served as associate editor of *Surgery, Gynecology* and *Obstetrics*. He was awarded the legion of merit for his work in World War II.

Hugh A. McKinley*, Jacksonville, a graduate of Rush Medical College in 1929, died March 19, aged 73. Certified in pathology in 1946, he was chief pathologist at Jacksonville State hospital and Our Savior Hospital in Jacksonville.

Nels C. Meling*, Chicago, a graduate of Rush Medical College in 1895, died February 22, aged 91. He was an emeritus member of the Society and also a member of the 50 Year Club.

James L. O'Connor*, Chicago, a graduate of Harvey Medical College in 1902, died aged 89. He was an emeritus member of the Society.

Walter F. Plassman*, Centralia, a graduate of the University of Illinois College of Medicine in 1911, died March 26, aged 75. He was a member of the 50 Year Club and an emeritus member of ISMS.

Joseph Prendergast*, Chicago, a graduate of Rush Medical College in 1894, died March 26, aged 97. He was a member of the 50 year club.

William R. Read*, Chicago, a graduate of Stritch School of Medicine of Loyola University in 1916, died April 8, aged 69.

Saul S. Soloway, Chicago, a graduate of University of Minnesota Medical School in 1914, died April 5, aged 76. He was a member of the Board of Health for 40 years.

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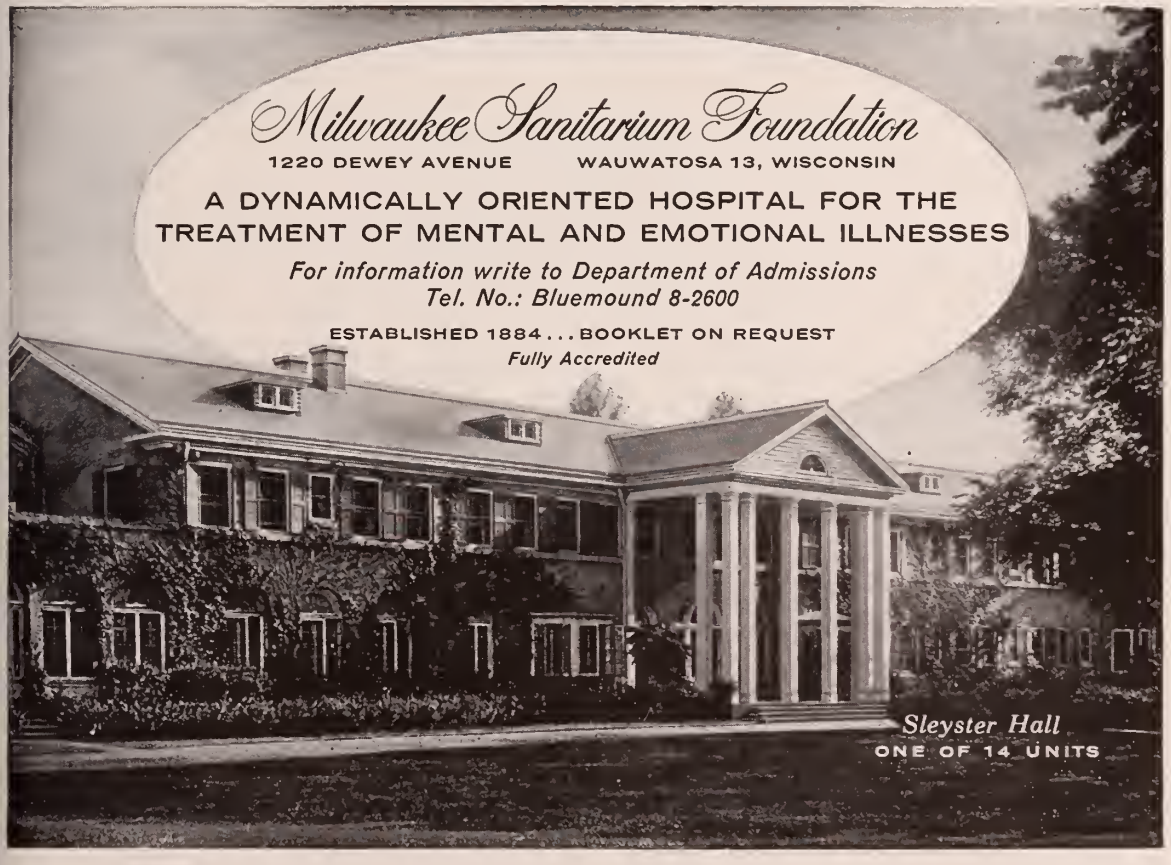
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CONVENTION WRAP-UP: *Pictures and Stories, pages 591 and 649; Actions the ISMS will live by for another year, page 600; Abstracts, Board Actions, page 610.*

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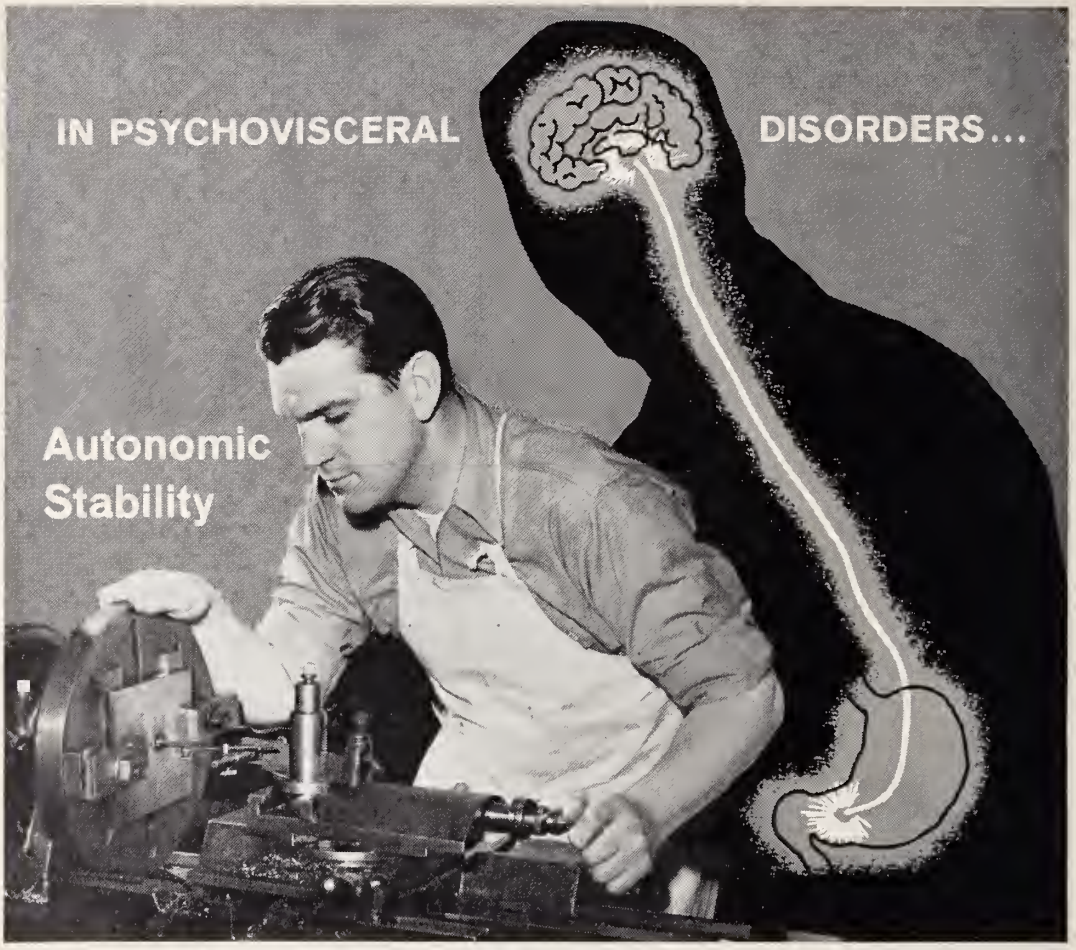
The Camp Memorial Lecture, on Medical Problems at Varying Barometric Pressures, page 611

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Abstracts of Scientific Papers on Diverticular Disease of the Colon; Treatment in Pediatric Practice; Diagnosis and Treatment of Carcinoma of the Cervix; and Cutaneous Sensitivity to Cold, pages 626-628.

Also in this issue:

Willing the Body to Medicine—How it's Done, page 653; Pesticides: A Physician's Point of View, page 629; Why the Opposition to Fluoridation?, page 663; Complete Table of Contents, page 569.



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LEGISLATIVE LISTENING POST

June, 1963

STATE LEGISLATIVE ACTIVITY

The tempo in the Legislature has stepped up considerably in the past few weeks. The month of June will be the fastest moving period of the Legislative session. The Senate, in its busiest day to date, passed 75 bills including 16 appropriating more than $500 million for the operation of State Government during the coming biennium. There have been more than 1,750 bills and resolutions introduced by House members and more than 1,275 by the Senate members, which make a combined total of over 3,000 bills and resolutions introduced and to be considered by both bodies. This number of bills can be divided into more than 370 major headings or classifications.

The committee activity has almost reached its peak. Because of the short time that is left for legislative action, legislation cannot be heard in committee due to the amount of time necessary for that procedure. A typical week's activity as it pertains to the schedule of committee hearings will show that your Legislative Department, on behalf of the Illinois State Medical Society, is watching more than 60 pieces of legislation each week.

Legislation Introduced at the Suggestion of ISMS

HB 976 — Representative Ralph T. Smith, Alton introduced this bill which amends the Medical Practice Act to provide that no person may obtain a license by reciprocity who has failed a written examination as given by the Illinois Medical Examining Committee. This legislation is in the License and Miscellany Committee of the House.

HB 1065 — Has been introduced by Representative John M. Erlenborn, Elmhurst. This amends the statute having general application to provide that the word "physician" shall mean a person licensed to practice medicine in all its branches. This legislation has been assigned to the License and Miscellany Committee of the House.

HB 1311 — Representative John W. Carroll, Park Ridge has recently introduced this bill that will provide that no new license will be issued for the practice of Midwifery. However, this will not prejudice licenses already issued under the present provisions. It has passed the committee hearing and is now on the floor of the house for a vote.

SB 1103 — Sponsored by Senator John Graham of Barrington requires the registration of clinical laboratories, blood banks, and blood bank depositories.

HB 1552 Which was introduced by Representative Raymond H. Kahoun of Chicago, would amend Section 6A of an act to revise the law in relation to marriages. All persons making application for a license to marry shall at any time within 15 days prior to such application be examined by a person duly licensed to practice medicine in all of its branches.

SB 746 Has been introduced by Senator W. Russell Arrington of Evanston, Illinois. This amends the Illinois law implementing the Federal Kerr-Mills program. The present law requires that a recipient pay as a deductible 10 per cent of his income. This amendment will remove the statutory requirement of a flat 10 per cent deductible and leave it up to the commission to determine what proportion of the recipient's income is available for this purpose.

In determining the amount of assets that a person has so as to qualify for this program, the present law provides that life insurance with a face value of $1,000 does not have to be considered. This amendment changes the word "face" to "cash". This bill has passed the Senate and is now in the House for committee consideration.

SB 770 Sponsored by Senator Everett E. Laughlin, Freeport. The provisions of the present Medical Practice Act do not provide for a reinstatement of a license that has not been renewed for a period of five years under the recent requirements of biennial renewal. This amendment provides for the reinstatement of such license upon the passage of such examination as prescribed by the Medical Examining Committee and the payment of a $50 fee.

ON THE NATIONAL SCENE

Council on Aging Report

President Kennedy's Council on Aging made its report and to no one's surprise supported the King-Anderson bill. The Council was chaired by Secretary of Health, Education and Welfare Celebrezze and include the Secretaries of Treasury, Agriculture, Commerce and Labor, and the heads of the Civil Service Commission, Housing and Home Finance Agency, and the Veterans Administration. The Council downgraded Kerr-Mills and private health insurance coverage as of limited value. It insisted that problems of the aged have become dangerously close to making them second-class citizens. Mr. Kennedy established the Council by Executive Order May 14, 1962, and directed the group to report to him within a year.

ARAMINE may make the difference between death and survival... because you can treat shock on the scene

in traumatic shock: ARAMINE® metaraminol bitartrate buys essential time when shock follows brain damage or severe hemorrhage. In grave emergencies, direct intravenous injection brings immediate pressor response, improves renal plasma flow, cerebral and coronary blood flow...with little chance of tissue irritation or necrosis.

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Side Effects and Precautions: Prolonged administration can produce mild hirsutism, acne or voice change. In an occasional patient, edema has been observed and in young women the menstrual periods have been milder and shorter. These side effects are reversible, and patients receiving prolonged treatment should be examined and questioned periodically so that, should side effects appear, the dosage may be reduced or administration of the drug discontinued for a time.

In patients with impaired cardiac and renal function, there is the possibility of sodium and water retention. Liver function tests may reveal an increase in bromsulphalein retention, particularly in elderly patients. In such cases, therapy should be discontinued. Although it has been used in patients with cancer of the prostate, its mild androgenic activity is considered by some investigators to be a contraindication.

Dosage: Usual adult dose, 1 tablet t.i.d. before or with meals; young women, 1 tablet b.i.d.; children (school age): up to 1 tablet t.i.d.; children (preschool age): ½ tablet b.i.d. Available as scored tablets of 2 mg. in bottles of 100. For best results, administer with a high protein diet.

*ANIMAL DATA

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IMJ

Illinois Medical Journal

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Published monthly by the Illinois State Medical Society, 360 N. Michigan Avenue, Chicago 1, Ill. Subscription $5.00 per year, in advance, postage prepaid, for the United States, Cuba, Puerto Rico, Philippine Islands, and Mexico. $7.00 per year for all foreign countries included in the postal union. Canada, $5.50. Single current copies available at cost of 75 cents.
Second class postage paid at Chicago, Illinois. POSTMASTER: Send notices on form No. 3579 to Illinois State Medical Society, 360 N. Michigan Ave., Chicago 1, Ill.
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whatever the shape or form of allergy

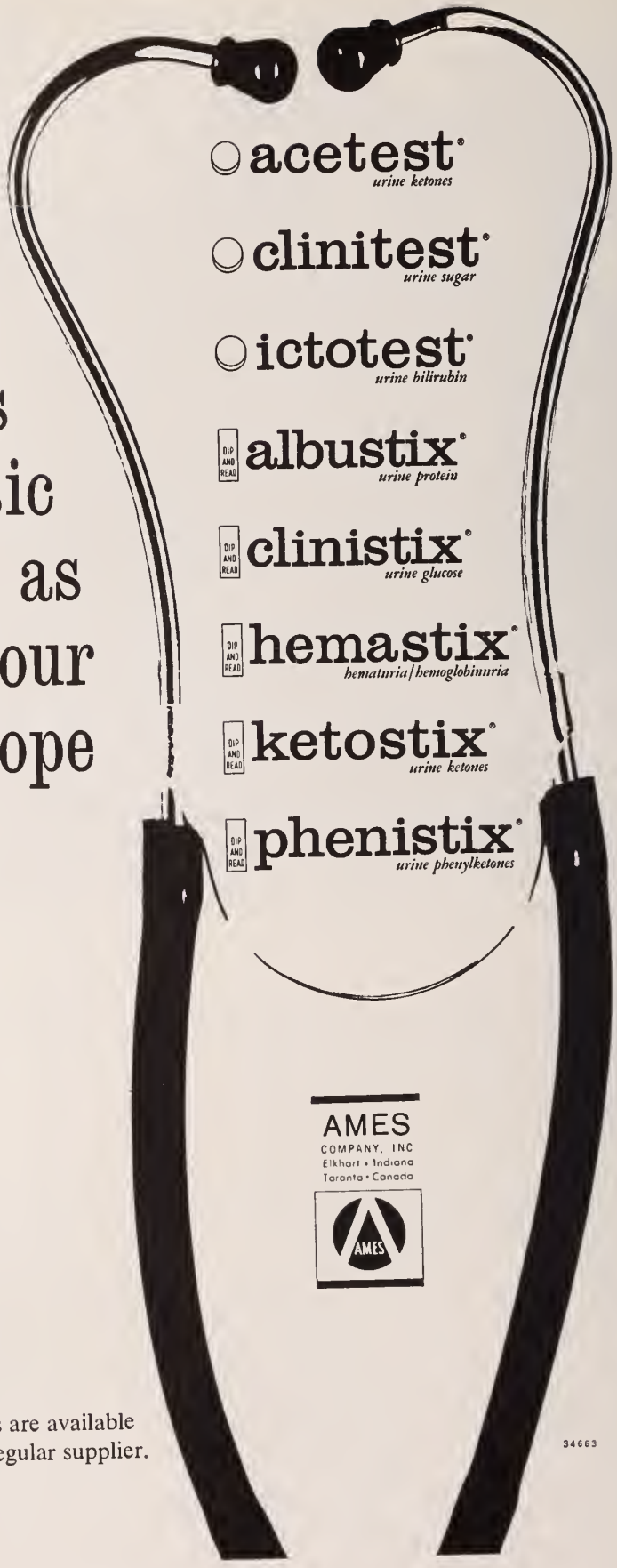
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For patients sensitive to animal danders, this agent provides twofold therapeutic action to help abort an allergic attack. **Antihistaminic action:** A potent antihistaminic, it breaks the cycle of allergic response, bringing relief of sneezing, lacrimation, nasal blockage, and rhinorrhea. **Antispasmodic action:** Because of its inherent atropine-like properties, the drug affords concurrent relief of bronchial spasm. ***Indications:*** Allergic diseases such as hay fever, allergic rhinitis, urticaria, angioedema, bronchial asthma, serum sickness, atopic dermatitis, contact dermatitis, gastrointestinal allergy, vasomotor rhinitis, pruritus, physical allergies, reactions to injection of contrast media, reactions to therapeutic preparations, and allergic transfusion reactions; also postoperative nausea and vomiting, nausea of pregnancy, motion sickness, parkinsonism and drug-induced extrapyramidal reactions, and quieting emotionally disturbed children. Parenteral administration is indicated where, in the judgment of the physician, prompt action is necessary and oral therapy would be inadequate. ***Precautions:*** Avoid subcutaneous or perivascular injection. Single parenteral dosage greater than 100 mg. should be avoided, particularly in hypertension and cardiac disease. Persons who have become drowsy on this or other antihistamine-containing drugs, or whose tolerance is not known, should not drive vehicles or engage in other activities requiring keen response while using this product. Hypnotics, sedatives, or tranquilizers, if used with this product, should be prescribed with caution because of possible additive effect. Diphenhydramine hydrochloride has an atropine-like action which should be considered when prescribing it. Cream (Ointment) should not be applied to extensively denuded or weeping skin areas. ***Supplied:*** Kapseals® of 50 mg.; Capsules of 25 mg.; Emplets® (enteric-coated tablets) of 50 mg.; in aqueous solutions: 1-cc. Ampoules, 50 mg. per cc.; 10- and 30-cc. Steri-Vials,® 10 mg. per cc. with 1:10,000 benzethonium chloride as a germicidal agent; Elixir, 10 mg. per 4 cc. with 14 per cent alcohol; 2 per cent Ointment (water-miscible base).

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Informal chat recently with Mr. Bob Best (right) at society staff headquarters helped to provide a basis of understanding and cooperation in ISMS, Aesculapian Association policies.

AS I SEE IT FROM '360'

ROBERT L. RICHARDS,
Executive Administrator

The "Best" for Will-Grundy's Aesculapian Association

A NEW FACE on the scene of organized medicine in Illinois is that of Mr. Robert C. Best, recently appointed Director of the Aesculapian Association of Will-Grundy County. He succeeds Mr. Harry Dexter who has joined the staff of the New York State Medical Society.

The Aesculapian Association has been mentioned before on this page. It was formed a little over a year ago by the dentists, druggists and physicians of the area to provide an efficient central administrative service for each society and to provide a program of cooperative and effective community service to the public.

While Bob Best is new in the ranks of Illinois medicine, he has a broad background in medicine and public service. Before joining this Association, he was assistant manager of the Physician's Record section of the American Medical Association.

Born in Wisconsin, Bob is a graduate of Concordia Teachers' College in River Forest, Illinois. Following his graduation he taught school in Iowa for two years. In the intervening years, he has had experience in the insurance and sales fields. Before joining the AMA staff he was a district executive of the Chicago Council of the Boy Scouts of America.

A vital young executive, Bob sees this interprofession association as a prototype of associations of the future for the entire country. They will be a result of and a contribution to increased interprofessional cooperation resulting in increased professional and community service.

Bob, his wife Rosemary, and their three children make their home in Mokena, Illinois.



*This one in the High Sierras, California

...nothing, that is, except the sedative-antispasmodic action of

Donnatal®

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In each Tablet, Capsule or 5 cc. Elixir		In each Extentab
0.1037 mg.	hyoscyamine sulfate	0.3111 mg.
0.0194 mg.	atropine sulfate	0.0582 mg.
0.0065 mg.	hyoscine hydrobromide	0.0195 mg.
16.2 mg. (¼ gr.)	phenobarbital (¾ gr.)	48.6 mg.

(Warning: May be habit forming)

No serious toxic reactions are to be anticipated. Dryness of the mouth, blurred vision, difficult urination, and flushing and dryness of the skin may occur with excessive and prolonged dosage, but promptly disappear with reduction in dosage. Contraindicated in acute glaucoma, advanced hepatic or renal disease, or idiosyncrasy to any component. Use with care in incipient glaucoma or urinary bladder neck obstruction.

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Prescribed by more physicians than any other antispasmodic—*well over 5 billion doses!*


when pain & spasm

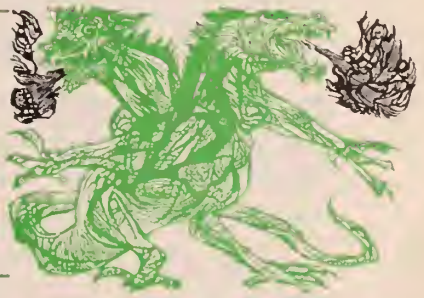
all for analgesic-relaxant action···

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Among the many conditions for which ROBAXISAL and ROBAXISAL-PH have been found effective are: strains and sprains, painful disorders of the back, "whiplash" injury, myositis, pain and spasm associated with arthritis, low back pain, torticollis, and headache associated with muscular tension.

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*Skeletal muscle spasm is a two-headed dragon of 'PAIN & SPASM'



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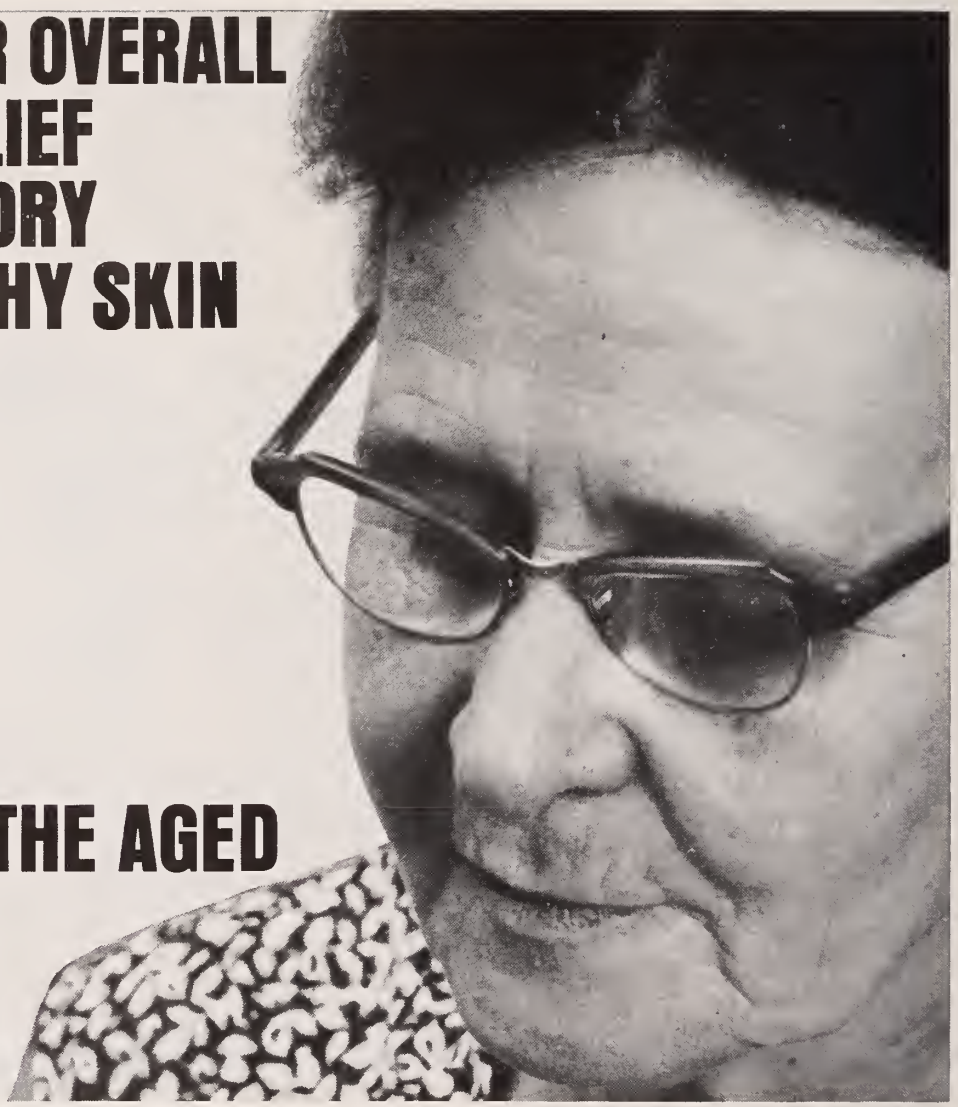
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1. Borota, A., and Grinell, R. N.: J. Amer. Geriatrics Soc., 10:413, 1962. 2. Spoor, H. J.: N. Y. State J. M., 58: 3292, 1958. 3. Lubowe, I. I.: Western Med., 1:45, 1960. 4. Weissberg, G.: Clin. Med., 7:1161, 1960. 5. Lieberman, W.: Amer. J. Proctology, 12:374, 1961. 6. Dick, L. A.: Skin, 1:341, 1962.

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(totalling 100 symptoms)

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KANUMODIC	59	17	24	100
PLACEBO	1	33	61	95

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Proved in patients over 50* . . . The response noted in the pilot study is charted above.

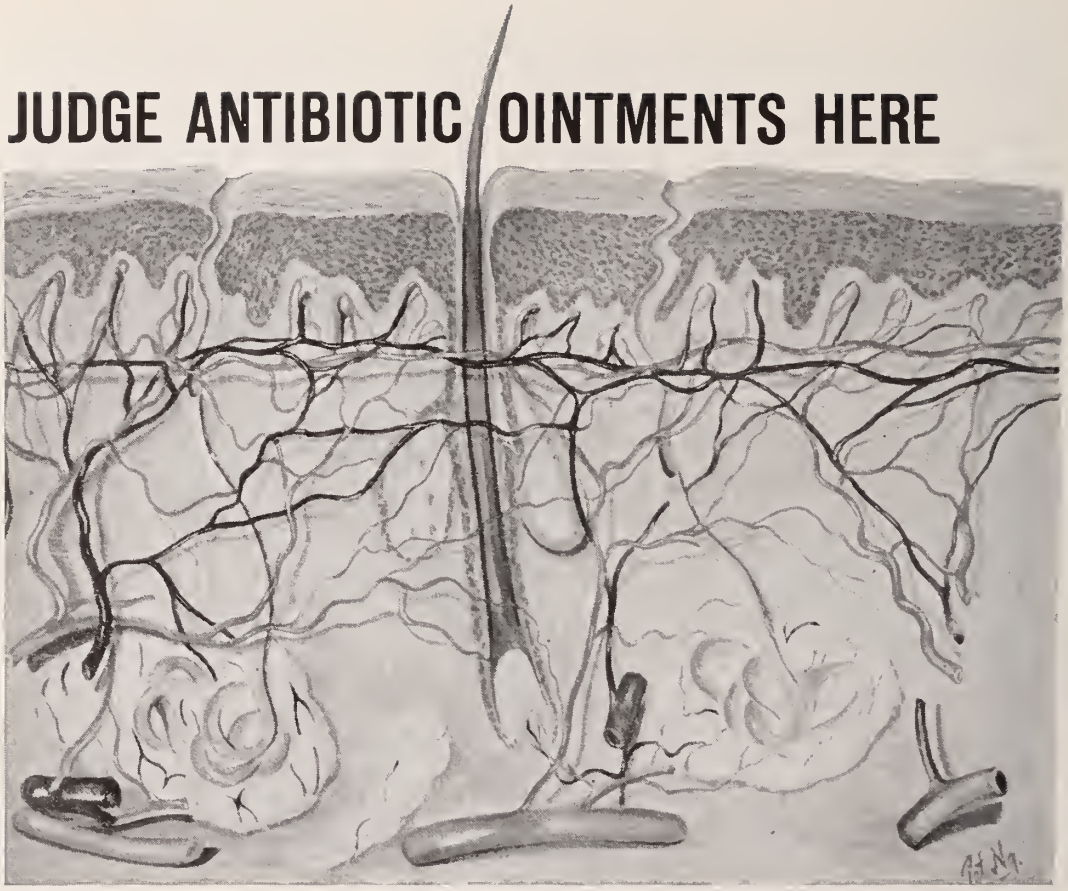
*McHardy, G., and Balart, L.: Curr. Ther. Res. *4*:153, 1962.

Dosage: 1 or 2 tablets, swallowed whole with each meal.

Cautions: Federal law prohibits dispensing without prescription. Side effects such as dryness of mouth, blurring of vision, and urinary retention may occur occasionally with large doses. This product is contraindicated in the presence of glaucoma or prostatic hypertrophy. Glutamic acid hydrochloride is usually not given to patients with peptic ulcer.

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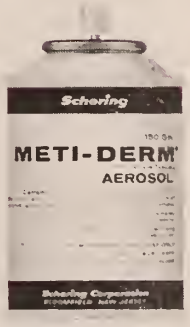
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CONTRAINDICATIONS: Oliguria; complete renal shutdown. *SIDE EFFECTS AND CAUTIONS:* Watch for signs of fluid or electrolyte imbalance. Early symptoms: dryness of mouth, thirst, weakness, lethargy, drowsiness. Further electrolyte depletion may cause hypochloremic alkalosis and hypokalemia. Since the latter may precipitate digitalis intoxication, watch carefully patients who are also taking digitalis or its glycosides. In severe hypokalemia, large dosage of potassium chloride may be necessary.

Pay special attention to electrolyte balance of patients with severe renal or hepatic insufficiency. In patients with cirrhosis and ascites, watch for

for edema and hypertension

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symptoms of impending hepatic coma.

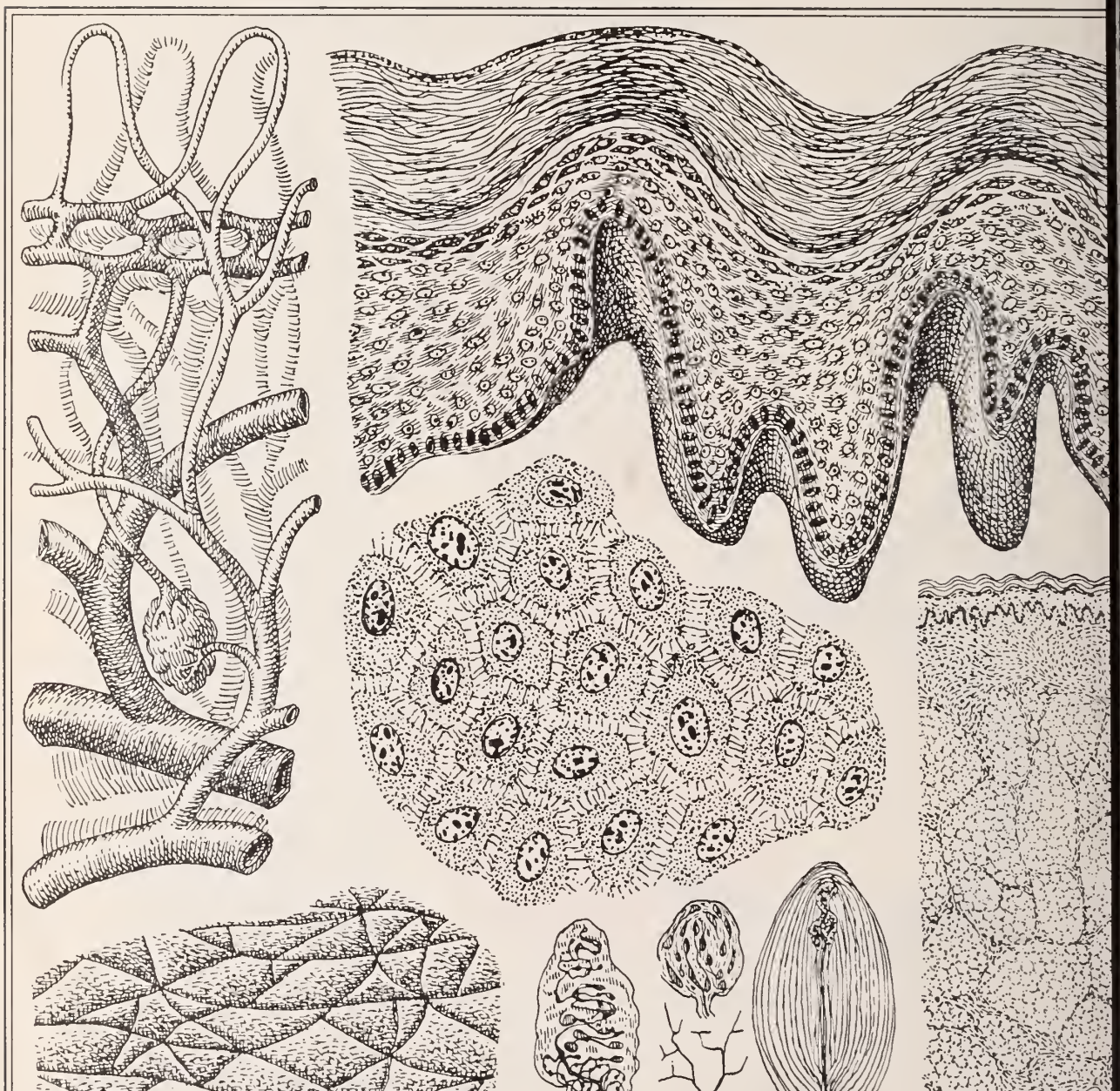
Rare reactions: purpura with or without thrombocytopenia, skin rash, photosensitivity, urticaria. Thiazides may decrease glucose tolerance; use cautiously in diabetics. Hyperuricemia may occur but is readily reversed by a uricosuric agent.

Occasional side effects: nitrogen retention (in hypertensives), nausea, anorexia, headache, restlessness, constipation.

1. Hejtmancik, M. R., Herrmann, G. R., and Kroetz, F. W.: Amer. Heart J. *57*:490 (April) 1959. 2. Bryant, J. M., Schvartz, N., Roque, M., Fletcher, L., Fertig, H., and Lauler, D. P.: Amer. J. Cardiol. *7*:392 (March) 1961.

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ergic and inflammatory dermatoses, uding psoriasis, have in many patients vn dramatic response to ARISTOCORT amcinolone systemic therapy. But it also vides gratifying symptomatic control h only minimal interference with er metabolic functions. In this respect, ISTOCORT Triamcinolone, when com- ed with other corticosteroids, old and new, istinguished. Typical steroid problems of ium retention and edema, undesirable horia, or voracious appetite and excessive ght gain rarely occur.

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Codeine at the White House Conference
Relative Safety Established

The just-published proceedings of the White House Conference on Narcotic and Drug Abuse include valuable information on the relative safety of codeine. An important contribution to this Conference was the "Report of an Ad Hoc Panel on Drug Abuse," drafted by eight prominent scientists and health officials. This report has been endorsed also by the Committee on Drug Addiction and Narcotics, National Research Council.

Among the points presented:

1. **Addiction to codeine is unusual***
2. **Substitution of codeine for another opiate to maintain addiction is rare**
3. **The very low abuse potential of codeine is recognized throughout the world**

This new report is an important addition to the vast body of clinical knowledge and literature on codeine. It is further evidence that the many codeine products available today may be prescribed and recommended with confidence.

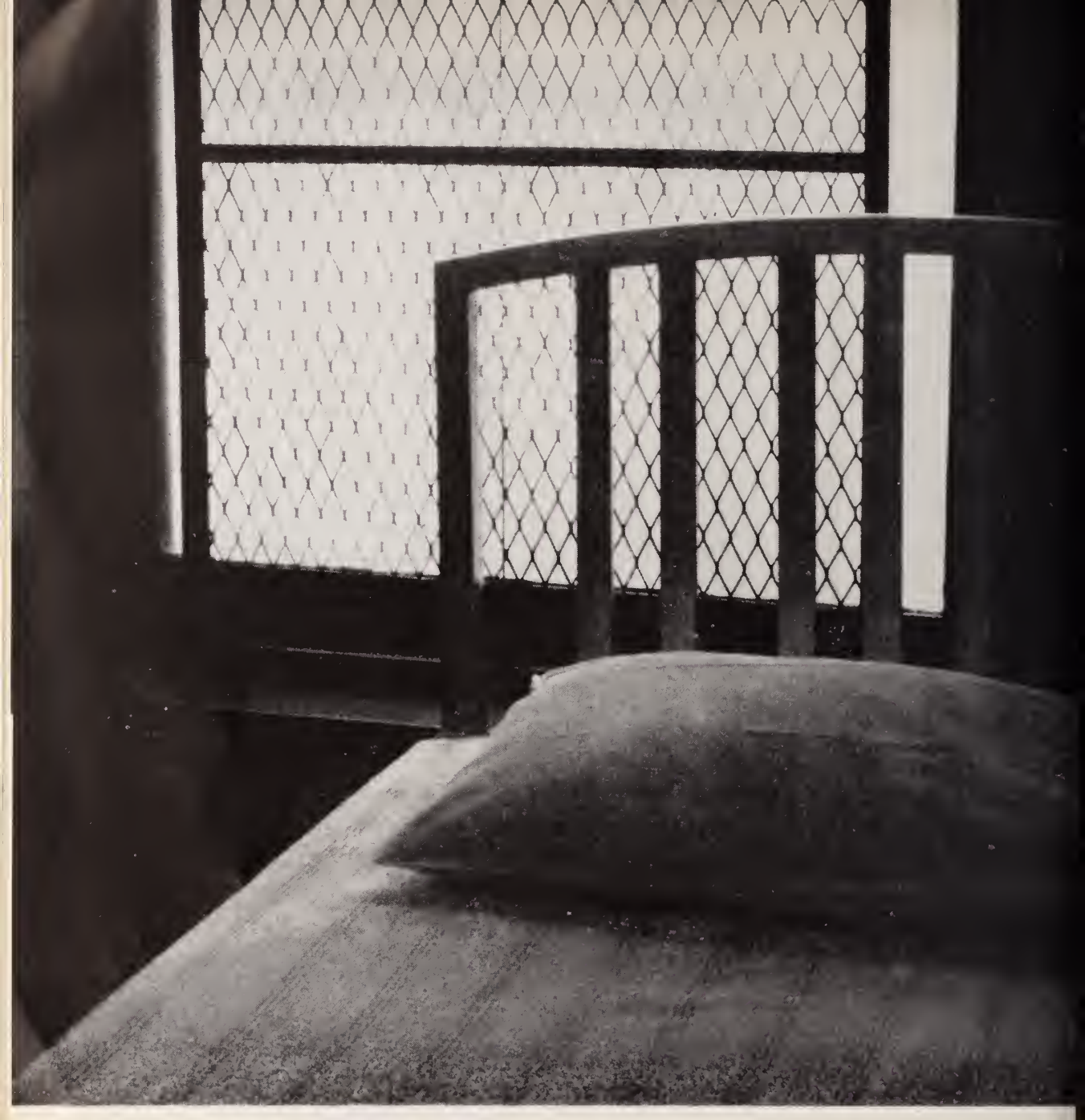
Codeine has steadily maintained its status as a therapeutic agent of choice. It is still unique, being at once . . . relatively safe . . . orally and parenterally effective . . . versatile and widely compatible.

*Note also this statement by the former U.S. Commissioner of Narcotics, Hon. Harry J. Anslinger, given to the California Senate Judiciary Committee, March 27, 1963: "In my experience of 30 years, I have seen only one codeine addict."



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*Staff in one mental hospital recently tried an experiment with 65 patients who had been confined for an average of 13 years. They practiced the best treatment methods now known and, within six months to a year, 37 of these patients were well enough to be discharged. Only eight of the discharged patients failed to hold the gains they had made for at least a year after they left the hospital."**

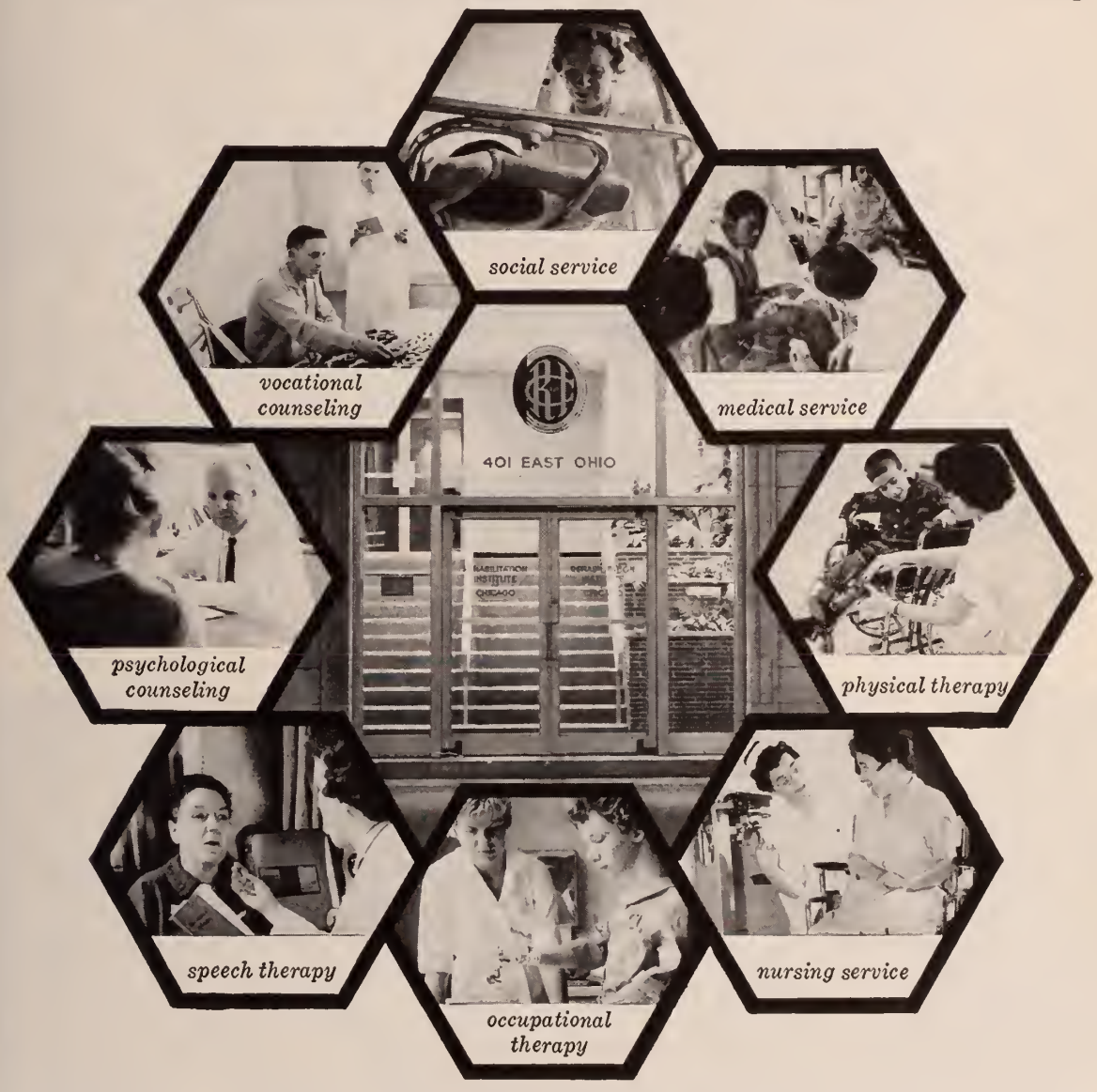
Hope now, where there was no hope. Drugs which help now, where there were no known drugs which helped—even five years ago. Independent drug research is continuing in this vital area. But, shoul it be discontinued because the cost must somehow b reflected in the ultimate price of the new drug—if it is to be discovered? Or should the sign read, as it has throughout time in overcrowded mental institutions: "NO VACANCIES."

*U.S. Department of Health, Education and Welfare, Public Health Service Publication No. 813.

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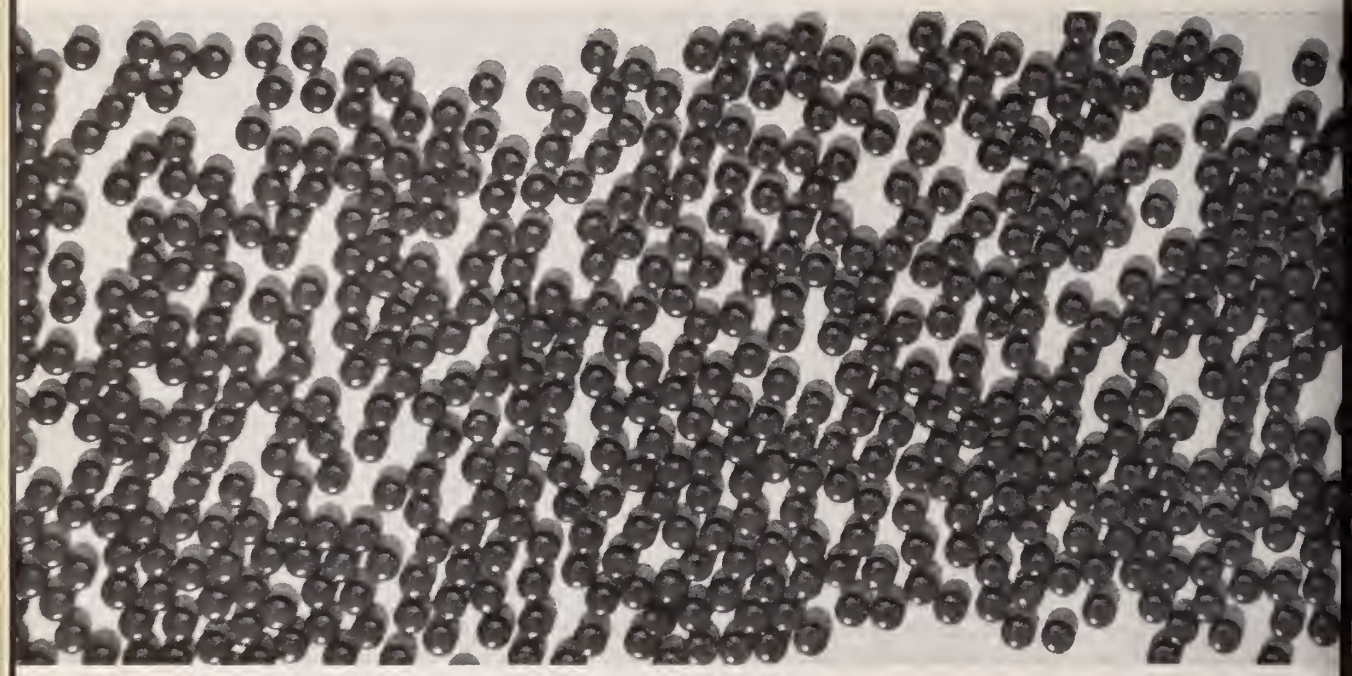
*Admission by Medical Referral—referring physician becomes consulting member of the team, receives interim progress reports and at the discharge of his patient, a summary with recommendations for continued treatment. Out-patient therapy is encouraged.

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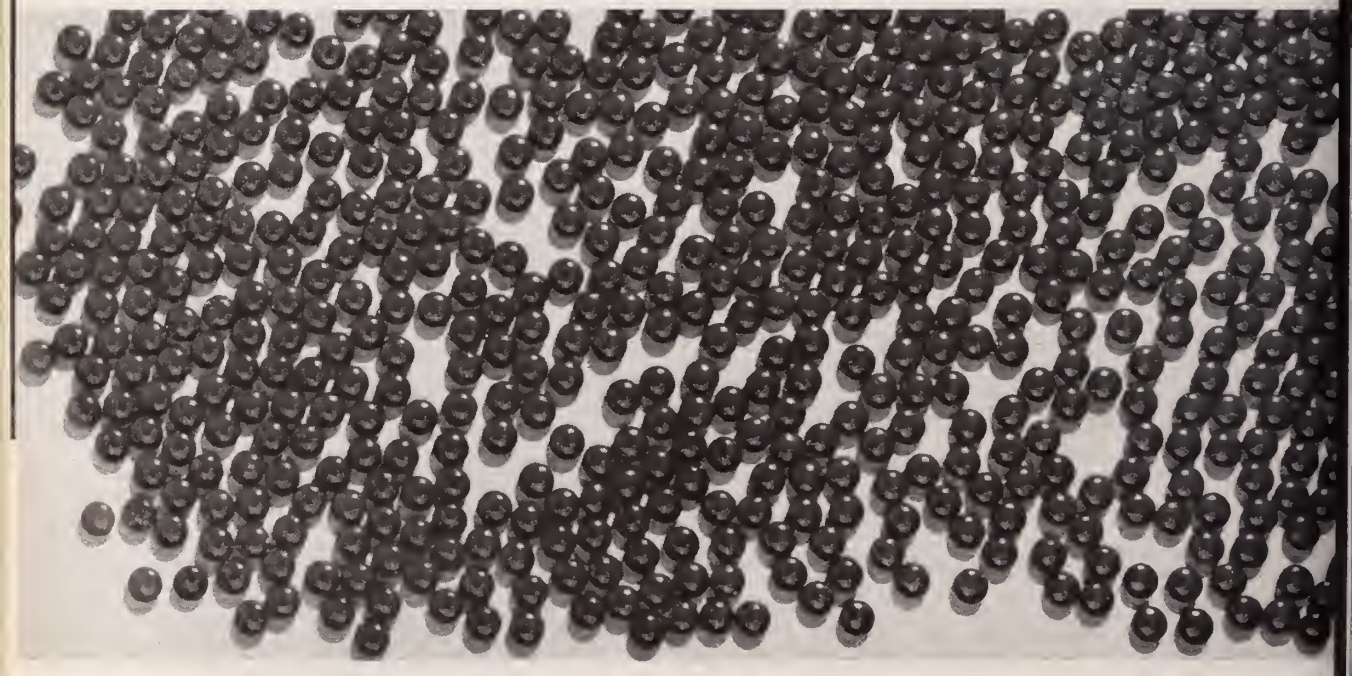
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Illinois Medical Journal

volume 123, number 6 june, 1963

'63 annual convention

Illinois Medicine at the Summit

LIKE the proverbial roads to Rome, all interests in Illinois medicine led to Chicago's Sherman House May 12-16 for the Illinois State Medical Society's 123rd Annual Convention. More than 2,000 physicians — representing an attendance increase of 40 per cent over last year — attended the five-day session. In addition, over 1,000 guests registered, while the Auxiliary recorded an attendance at their meeting of nearly 250. Reasons for the spurt in physician attendance were "an unexcelled scientific program and effective publicity to the entire membership," according to William Lees, M.D., Chairman of the Annual Meeting Programming Committee.

"FULL HOUSE" of Delegates assembled in Louis XVI Room Tuesday evening, May 14, to act on Reference Committee reports made on Monday morning. The 187 Delegates, representing 67 counties throughout Illinois, voted on 29 Resolutions plus all of the numerous sections of six Reference Committee Reports. Approved actions become ISMS "law of the land" for at least another year.





GUEST SPEAKER at opening Board of Trustees meeting May 12 was representative James D. Weaver, M.D., (R), of Pennsylvania, who lauded the "Operation Hometown" program and urged all Illinois physicians to personally contact their congressmen.

"Continuing Education for the Illinois Physician," keynote of this year's Convention, was sounded with the help of 76 prominent scientific speakers from the state and throughout the nation, as well as by 30 scientific and nearly 60 technical exhibits. The scientific section meetings, some of which boasted "standing room only" attendance, were implemented by scientific and business meetings of the Illinois Society of Internal Medicine, Illinois Academy of General Practice, Physicians' Association of Illinois, Illinois Chapter, American College of Chest Physicians, and the Illinois Surgical Society.

During a week dotted with such significant events as Major Gordon Cooper's historic flight and the IPAC crisis, Convention events kept apace. As Major Cooper completed the last few orbits of his memorable space journey, Major Robert G. McIver, USAF MC, addressed the Camp Memorial Lecture Assembly on the "Medical Problems Encountered at High and Low Barometric Pressures." Major McIver, of the School of Aerospace Medicine at Brooks Air Force Base, Texas, was the first physician to examine Col. John Glenn after his heroic orbital flight. *(The complete text of Major McIver's Camp Memorial Lecture appears in the clinical section of this issue.)*

CHAIRMAN of Reference Committee on Publications and Scientific Activities Harold C. Lueth, M.D., (right) makes his committee's report to House of Delegates presided over by E. W. Cannady, M.D., (standing, center) newly re-elected vice speaker.





MR. SPEAKER of the House of Delegates, Walter C. Bornemeier, M.D., Chicago, was re-elected for a third term. Popularity of "Dr. Borny" is based on his personable nature as well as commanding knowledge of parliamentary procedure.

Meanwhile, assurance that IPAC relief recipients would not go without needed medical care because of inability to pay was given in a resolution adopted unanimously by the Society's House of Delegates. Also passed unanimously was a resolution urging legislation which would provide for the construction of adequate fallout shelters and prohibit the use of large expanses of ordinary glass in public buildings because of the extremely high incidence of serious injuries resulting from glass as a secondary missle in atomic and other disasters. Another resolution, calling for a study of all toxicants, current and future, sold in Illinois, was also approved by the House.

Significant as these actions were to the citizens of Illinois, they represented only a small portion of the work performed by the House of



SPACEMAN'S PRESSURE PROBLEMS were discussed by Camp Memorial Lecturer Major Robert G. McIver, USAF MC, of the School of Aerospace Medicine, Brooks Air Force Base, Texas. Dr. McIver was on spaceman John Glenn's medical "team."



CANCER'S systemic effects were reviewed in Oration in Medicine by Edward H. Reinhard (left), Professor and Chairman, Department of Medicine, Washington University. Rudolph Noer, M.D., (right) delivered Oration in Surgery on topic "Diverticular Disease of the Colon."







GREETING Murray Davidson, M.D., (left photo, at right), guest speaker at Pediatrics Section and Director of Pediatrics, Bronx-Lebanon Hospital, New York, is President Elect Piszczek. John Huffman (above), M.D., Associate Professor of Obstetrics-Gynecology at Northwestern, spoke to capacity crowd at Ob/Gyn Section Meeting on "Uterine Bleeding During Adolescence." Two guest speakers enjoying coffee and conversation in photo at right are Lytt I. Gardner, M.D., (left), Professor of Pediatrics, State University of New York at Syracuse, and Robert R. Lawson, M.D., Chairman of Pediatrics, Northwestern University.

GOLD AWARD for scientific exhibit entitled "Temporal Bone Banks Program for the Study of Inner Ear Pathology" is given in photo at lower left by Coye C. Mason, M.D. (left), Chairman of the Committee on Scientific Exhibits, as William Lees, M.D., Chairman, Committee on Scientific Assembly, looks on. In right photo, Theodore A. Fox, M.D. (at right), points out interesting feature of his exhibit "Arthrodesis of the Hip — A New Method," which received a Bronze Award. Colorful exhibit "Mental Health in Illinois (center photo) was sponsored by Illinois Department of Mental Health, Francis J. Gerty, M.D., Director.









NEW TRUSTEES appointed by the House of Delegates are (from left) Lee N. Hamm, M.D., Fifth District; Frank J. Jirka, Jr., M.D., Third District; Willard C. Scrivner, M.D., Tenth District; and Philip Thomsen, M.D., Third District. All except Dr. Scrivner were elected to fill vacancies left by Trustees who were elevated to officer status or who resigned because of prior commitment as officers.

Delegates during three lengthy sessions. *(See Abstracts of Delegates' Actions, beginning on page 600.)* At the initial meeting Sunday, May 12, which officially opened the Convention, 187 Delegates representing 67 Illinois counties assembled to hear Representative James D. Weaver, M.D., (R), of Pennsylvania, propose that opposition to King-Anderson be emphasized to the public. He added that it is the physician's responsibility to see to it Kerr-Mills is properly administered in his area. Congressman Weaver commended the "Operation Hometown" program, urging the physicians of Illinois to become acquainted with it and make a special point of personal contacts with congressmen — not only on Medicare but other issues of vital importance.

Also in the spotlight at the opening House session was Arkell M. Vaughn. M.D., of Chicago, Chairman of the ISMS AMA-ERF Committee, who



NEW OFFICERS posing for official portrait are (from left) Ted LeBoy, M.D., Chicago, Second Vice President; E. A. Piszczek, M.D., Chicago, President Elect; Harlan English, M.D., Danville, President; and Charles Allison, M.D., Kankakee, First Vice President.

EMBLEM OF PRESIDENCY, the Oldfield Medal, is bestowed upon Harlan English, M.D., new president, by George F. Lull, M.D., immediate past president.



our new president likens medicare to "meat ax" surgery

In his acceptance speech as new president of the Society, Dr. Harlan English likened the Administration's plan for medical care to "performing brain surgery with a meat ax . . . it's a clumsy political attempt to solve a very limited problem." The answer, Dr. English declared, lies in a "scalpel" approach providing a broad program of medical and hospital benefits to those over 65 not able to care for their own needs. Even more important, he added, "the King-Anderson Social Security approach endangers the freedom of each of our citizens and, if passed, would enforce slavery on physicians, hospitals and medical service institutions by forcing them to sell their services to Washington in order to exist."

presented five Chicago medical schools with a check for $194,326. The grants were part of the record $1,461,810 contributed last year to AMA-ERF for medical schools throughout the country. Of that amount some $168,024 came from Illinois physicians. "Over the past 12 years more than $13 million has been raised through AMA-ERF," Dr. Vaughn commented, "and I'm proud to say that members of the Illinois State Medical Society have provided about 2 million of that total to lead all other states."



GRATEFUL ACKNOWLEDGEMENT to House of Delegates for electing him President Elect is made by E. A. Piszczek, M.D., Chicago, who resigned his Trusteeship of Third District to accept nomination. A former Chairman of the Board and long-time ISMS leader, Dr. Piszczek promised to uphold principles of organized medicine as Society's next President.

new officers, trustees elected—house installs new ISMS president

Among the most important activities of the House of Delegates was the election of new officers and trustees — the administrative leaders of the Society. This year, the House elected as the new President Elect E. A. Piszczek, M.D., Chicago, a former Chairman of the Council (Board of Trustees), Chairman of the newly formed Policy Committee, member of numerous other committees and a long-recognized leader in ISMS affairs. In his acceptance speech Dr. Piszczek thanked the House for the confidence they placed in him and promised "to uphold in every way the principles of organized medicine in Illinois."

Elected to the one-year term as First Vice President was Charles Allison, M.D., Delegate from Kankakee. Ted LeBoy, M.D., Chicago, a Trustee, was elevated to the one-year term as Second Vice President. The probability that a motion — currently being studied by the Committee on Constitution and Bylaws — will be approved permitting both First and Second Vice Presidents to vote with the Board of Trustees lends added importance to these positions.

Both Walter C. Bornemeier, M.D., Chicago, and E. W. Cannady, M.D., East St. Louis, were re-elected as Speaker and Vice Speaker of the House, respectively.

New Trustees elected by the House are Frank J. Jirka, Jr., M.D., Third District, filling the unexpired vacancy left by Dr. Piszczek: Philip Thomsen, M.D., filling the unexpired term of Dr. LeBoy: Lee N. Hamm, M.D., Fifth District, filling the vacancy left by the resignation of Jacob E. Reisch, M.D.; and Willard C. Scrivner, M.D., Tenth District, who replaced W. W. Fullerton, M.D. Re-elected as Trustees of their respective districts were J. Ernest Breed, M.D., Third District, Newton DuPuy, M.D., Sixth District, and Burtis E. Montgomery, M.D., Ninth District.

Switching his attack to the "New Frontier" proponents of the medicare bill, Dr. English said: "The 'Fedicare' propagandists claim that humaneness and decent concern for the old folks are twin discoveries of the 'New Frontier.' These political-medical quacks would have you believe that anybody who opposes them disregards the needs of old folks.

" 'Honor Thy Father and Thy Mother' was a Commandment before any of the 'New Frontier' boys were even born," he said. "Doctors and other responsible citizens have . . . done more to provide adequate medical care for all of our citizens, old and young, than for all of the political weepers of the past, present and future."

Despite medicine's differences with the Administration, however, Dr. English pointed out: "The 11,000 doctors in Illinois, plus the other members of the health services team, have given and will continue to give Illinois citizens quality care. This will be done whether the sick are aged, children, or are in middle life, and whether or not they pay their bills."

vip's "on the scene" at convention



VENERABLE Percy E. Hopkins, M.D., Chairman of AMA Board of Trustees and ISMS Past President, offers sage advice during Trustees meeting.







PRESIDENTS' GREETINGS are exchanged during House of Delegates session as Dr. Lull extends warm welcome to (from top to bottom) Kenneth C. Hollweg, M.D., President, Missouri Medical Society; David M. Cox, M.D., President, Kentucky Medical Society; and Donald McCarthy, M.D., President, Minnesota Medical Society.



VISITOR FROM GREECE was Colonel Basil Kremmydas (shown here signing in at Registration Desk), Chief Surgeon of the Greek Army and Associate Professor of Surgery, Athens University. Col. Kremmydas has been in America since January 10 to study American medical methods, especially surgery of trauma. Based on visits to several Army hospitals in Texas and tours of many Chicago hospitals, Col. Kremmydas is favorably impressed with American medicine, especially the facilities. "There is an abundance of everything here—in Greece we must watch even the amount of surgical dressings we apply to see that nothing is wasted." The only negative reaction Col. Kremmydas expressed was toward the American method of treating duodenal ulcers. "Here, conservative treatment is the watchword, while in Greece surgery is employed much earlier—with what I consider more favorable results." Greece employs a modified form of Socialized medicine, Col. Kremmydas asserted. "All non-physician medical personnel are salaried and required to register with the Institute of Social Insurance. Physicians may or may not register—but are inclined to in the larger cities because almost every citizen is enrolled in the medical insurance program." Col. Kremmydas is convinced that medical progress flourishes best under the democratic system of free enterprise. In paying tribute to the democratic system, he said, ""Democracy was born in Greece, in the Golden Age of Pericles—now it makes its home in America."

Although it was "business as usual" for the Board of Trustees during the Convention, the meeting arrangements were unusual — there were three breakfast meetings, permitting a more comfortable spacing of necessary business. *(See page 610 for Abstracts of Board Actions.)*

Another "first" reported by Executive Administrator Robert L. Richards is the fact that *all* supplementary and reference committee reports were available to the House for their action — a tribute to the Staff's secretarial and printing personnel.

High point of the Delegates activity was the installation May 16 of Harlan English, M.D., as President of the Society, succeeding George F. Lull, M.D., of Chicago. Dr. English, a Danville urologist and member of the ISMS Board of Trustees for the past 16 years, has been active in community affairs and was chosen the city's "Citizen of the Year" in 1950. He has been the selective service examiner in Vermilion County since the establishment of the office in 1941, and has been a member of the hospital licensing board since it was started ten years ago. He also served as chairman of Vermilion County Sanitarium Board and a Director of the Danville Chamber of Commerce. His wife, Margaret, is immediate past president of the Woman's Auxiliary to the American Medical Association.



RICHLY DESERVED Certificate of Appreciation was presented to Dr. Lull at Annual Banquet by immediate past president and Banquet Master of Ceremonies Edwin Hamilton, M.D., representing entire Society.

looking back— the annual banquet

As the Annual Convention constitutes a recalling of forces and planning for the future, the Annual Banquet represents a looking back at the year's accomplishments. The focal point of last year's accomplishments is, of course, our beloved immediate past president George F. Lull of Chicago. In the beautiful Ballroom of the Sherman House on Wednesday evening, May 15, a near overflow crowd of ISMS Trustees, Delegates, members, their wives, families and guests applauded the accolades. Master of Ceremonies E. W. Hamilton, M.D., Kankakee, ISMS President in 1961-62, read aloud a letter from Charles A. Lang, M.D., Chairman of the Section on Preventive Medicine and Public Health, commending Dr. Lull on his lifelong interest and activity in the advancement of Public Health. Jacob E. Reisch, M.D., ISMS secretary-treasurer, likened the accomplishments of Dr. Lull to those "able to bring the regiment to the flag when the flag could not be brought to the regiment."

In a lighter vein, Dr. Hamilton recalled that both he and Dr. Lull went overseas in the same convoy during World War I and were comrades in arms. "At least, as close comrades as possible considering Dr. Lull was a colonel and I was only a lieutenant." To this Dr. Lull replied, "Dr. Hamilton may have been only a lieutentant, but he traveled overseas first class in a converted luxury liner. I went over on a converted Australian cold

"ROYAL FAMILIES" Dr. and Mrs. English (left) and Dr. and Mrs. Lull pose handsomely for their portrait.



storage meat boat. We had mutton so often that at the end of the voyage we greeted each other with a loud 'B-a-a-a.' "

Climax of the dazzling evening was the presentation to Dr. Lull of the President's Certificate of Merit, followed by an outstanding musical program featuring the internationally famous Ink Spots.

political programs provide "punch" to proceedings

Ever-increasing awareness that the battle of organized medicine is being fought in the political arena was evidenced by two significant medical-political programs held in conjunction with the Convention.

IMPAC—Illinois Medical Political Action Committee—held its annual business meeting, dinner and program in the Sherman House Ballroom on Monday evening, May 13. During the business meeting, John A. Newkirk, M.D., Elgin, Chairman of IMPAC, traced the tremendous growth of the non-partisan organization — over 400 per cent during the past year. He went on to explain the establishment of a closer association with the Illinois State Medical Society, initiated by the Board's approval of IMPAC for political education and followed by approval of this action by the House of Delegates. "We are acutely aware of the trust and responsibility that this action has placed upon us," Dr. Newkirk stated, "and we are dedicated to discharging this trust with dignity and common sense."

Guest speakers at the IMPAC meeting were Edward F. Terrar, Executive Secretary of the Republican Congressional Campaign Committee, and the Hon. Frank Thompson, Jr., Democratic Congressman from New Jersey — giving the 130 program guests an opportunity to hear two view points on political action. Speaking frankly, Mr. Terrar agreed that there are negative aspects to political participation: costs of time and money; impugning of one's motives by the opposition; the disappointment of losing an election. At this point Terrar reminded his audience of the famous Trumanism, "If you can't stand the heat, get out of the kitchen." To be an effective citizen, he added, one should vote and urge others to vote; work his own precinct, and work on election day to get voters to the polls — even seek out new candidates if dissatisfied with the choices available.

Congressman Thompson identified himself as a





MEDICAL POLITICS in action during convention. J. Ernest Breed, M.D. (standing, left photo), describes "Operation Hometown" for audience attending Conference on National Legislation. Flanking Dr. Breed are (from left) V. P. Siegel, M.D., Chairman, Medical Services Committee; H. Close Hesseltine, M.D., Past President of ISMS and Trustee at Large; Ralph N. Redmond, M.D., Trustee, Second District; Mr. Charles Johnson, AMA Staff; and Mr. Roger N. White, Director of Legislative Activities, ISMS. Distinguished persons at IMPAC meeting head table are (right photo, from left) Richard Verbic, D.D.S., Vice Chairman of IMPAC; A. J. Brislen, M.D., Vice Chairman of IMPAC and Chairman, ISMS Constitution and Bylaws Committee; Hon. Frank Thompson, Jr., Democratic Congressman from New Jersey; Harlan English, M.D., President, ISMS; John A. Newkirk, M.D., Chairman of IMPAC; Edward F. Terrar, Executive Secretary of the Republican Congressional Campaign Committee; Mrs. Wendell Roller, Immediate Past President Woman's Auxiliary of ISMS; and A. E. Steer, M.D., Secretary Treasurer of IMPAC.

possible opponent of all present at the IMPAC meeting because of his support of Medicare. He said that to defeat him, those who disagree with his political philosophy would have to expend time and money for his opponent, devote longer hours than he, and convince more voters that his opponent would be the better representative. He concluded, "Intensive political action is the only way to defeat an opponent."

Both candidates congratulated IMPAC members on the development of their organization and its basic purposes — political action and political education.

Alerting Illinois physicians to the basic wrongs of King-Anderson legislation and demonstrating how to combat them were the dual purposes of the Conference on National Legislation held in the Old Chicago Room Wednesday afternoon, May 15. Presided over by J. Ernest Breed, M.D., Trustee, Third District, the program covered such topics as "The Current Situation," "Why King-Anderson is Bad Legislation," and "How Kerr-Mills is Meeting the Need in Illinois." The program was climaxed by a film featuring Edward R. Annis, M.D., President Elect, AMA, in which he described "Operation Hometown," a seven-point communications program designed to inform congressional representatives, interested supporters, and the public at the local community level of the doctors' attitudes toward these issues. The "Operation Hometown" kits were distributed to county committee chairmen in the audience at the conclusion of the program.



UNDER FIRE by prosecuting attorney at IMT mock trial, "medical witness" Clement Martin, M.D., (witness chair) awaits next question by Jerome M. Brooks, Esq. (second from right), as defense attorney William J. McKenna, Esq., (far right), contemplates questions he will ask witness. "Court" was presided over by Judge Jacob Berkowitz (left), Circuit Court of Illinois.

IMT program completes big picture

Rounding out the Convention Program Thursday morning, May 16, physicians and lawyers joined forces in a mock trial demonstrating the medical-legal importance of impartial medical testimony to Illinois state courts. The trial vignette entitled "Liability for Damages Resulting from Carbon Tetrachloride Intoxication" was sponsored by the Impartial Medical Testimony Committee of the Illinois State Medical Society to demonstrate how the use of impartial medical testimony witnesses can resolve "hard core" personal injury cases and speed up court sessions.

For Convention coverage of Auxiliary activities, Fifty-Year Club and PR Workshop see the Pulse *in this issue.*

* * * * * * * * * * *

As the Last of the out-of-town speakers checked out of the Sherman House Thursday afternoon, and as the Delegates and Trustees exchanged friendly farewells, their job of preserving, implementing, and advancing the cause of organized medicine in Illinois temporarily laid down, one is reminded of the anonymous philosopher's comment: "Problems are merely achievements waiting to happen." On viewing in retrospect the mountainous problems which beset the 123th Annual Convention of the Illinois State Medical Society, and the systematic, devoted and often heroic efforts by which they were dispatched, one can conclude with certainty and satisfaction—"Mission accomplished."

Abstracts of House of Delegates Actions

Annual Meeting May 12-16, 1963

In order to advise the entire membership of the Society on actions taken by the 1963 House of delegates, an unofficial abstract has been prepared. This is one means of communication between headquarters and membership which will be continued whenever important policy-making sessions of the HOUSE OF DELEGATES are held.

Jacob E. Reisch, M.D., Secretary-Treasurer

ABSTRACT OF ACTIONS TAKEN BY THE HOUSE REGARDING ADMINISTRATIVE ACTIVITIES

Vice-Presidential Changes Referred for Study

The House approved the recommendation that consideration be given to amending the By-Laws to permit each Vice-President the right to vote in meetings of the Board of Trustees and that the Vice-Presidents be appointed as members of the major committees of the Society. This recommendation was referred to the Committee on Constitution and By-Laws.

Fiscal Progress Praised

Complete satisfaction was expressed by the House at the excellent progress made in fiscal responsibility. The Society stayed well within the 1962 budget and the 1963 budget is $4,000 less than 1962 expenses. Total salary increases planned for 1963 for the staff of 25 people will total $4,700.

Urge Foundation Support

The House urged financial support for the Educational & Scientific Foundation by the individual members of the profession.

Yearly Appearance of Trustee Advised

In reviewing the reports of the Trustees, the House emphasized the responsibility of component societies to schedule the appearance of their Trustee at least once yearly and urged the societies to utilize state officers and staff more frequently.

Annual Committee Chairmen Workshop Continued

The House urged the continuance of annual Workshop Conferences for committee chairmen.

Benevolence Committee Report

Past deficits of the Benevolence Committee have been offset by utilizing money in the savings account of the committee. The committee is operating with an annual deficit of approximately $3,000. Future deficits are to be made up from the general fund. Special recognition was given to the Woman's Auxiliary for having contributed over $6,000 to the Fund (equal to 1/3 of the amount allocated by ISMS dues.)

Summary of AMA-ERF Expenditures Requested

In order to stimulate member interest in the AMA-ERF Funds used in Illinois, medical school deans will be requested to submit a general summary of expenditures of the previous year's ISMS donations —this report will be included in the annual report of the AMA-ERF Committee.

CHANGES IN THE BY-LAWS APPROVED BY THE HOUSE OF DELEGATES

Change Citizenship Requirement

Final citizenship is no longer a prerequisite for membership in the Illinois State Medical Society. The House established provisional membership for non-citizens who have made declaration of intent to become citizens, who have been licensed by the State of Illinois and who, with the exception of citizenship, possess all other necessary qualifications. This membership shall terminate one year after the expiration of the minimum period of time within which such member could have achieved citizenship.

Policy Committee Chairman Added to Executive Committee

The House of Delegates amended the By-Laws to include the Chairman of the Policy Committee as a member of the Executive Committee of the Board of Trustees.

The House urged the Board of Trustees to have a written set of policies available for the consideration of the House at the 1964 meeting.

Secretary-Treasurer Added to Finance Committee

The Secretary-Treasurer was included in the personnel of the Finance Committee of the Board of Trustees with the right to vote.

Establish Deadline for Membership Report

The Secretary of each component medical society will be required to send the names of officers, delegates and alternates, and members of the society to the Secretary of ISMS by February 1 of each year. (In order to accomplish this, it is recommended by the ISMS officers that all annual meetings of county societies be held before February of each year.)

New Constitutional Committees Added

The House added the following committees as Constitutional Committees: Disaster Medical Care; Laboratory Evaluation; Occupational Health; and Public Safety. Elections for the personnel of these committees will take place at the 1964 meeting of the House of Delegates.

ABSTRACTS OF ACTIONS OF THE HOUSE REGARDING ECONOMIC AND LEGISLATIVE ACTIVITIES

Kerr-Mills Success Urged

The House approved the program of the Ad Hoc Committee on Kerr-Mills and urged continuation of their work with the Illinois Public Aid Commission to insure the success of this program in the state. Local physicians are encouraged to help qualified patients obtain benefits under this program.

Action on IPAC Approved

The House indicated its approval of the action taken by the Advisory Committee to the Illinois Public Aid Commission particularly on family planning services.

Call for Equal Payment Policy by IPAC

The House recommended that the Advisory Committee to the IPAC bring to the attention of that body the deficiency of payments for services. They urged the committee to press diligently for a policy by the IPAC which will apply equally throughout Illinois with regard to payment for private physicians serving the medical needs of public aid recipients.

Use of Drug Formulary Requested

The House urged the profession in Illinois to cooperate with the IPAC by prescribing drugs for IPAC recipients listed in the Drug Manual prepared by the Subcommittee on Drug Formulary.

Urge VA Hospitals to Review Patient Admittance

It was recommended that Veterans Administration hospitals should provide care only for service connected disabilities except in those instances where veterans are financially unable to pay for medical care and hospital services as proven by a means test.

County Committees on Aging Recommended

It was a recommendation of the House that committees on aging be set up by each county society to deal with problems of the aged.

Cooperation with IHA Endorsed

The House recommended cooperation with the Illinois Hospital Association to accomplish hospital accreditation of non-accredited hospitals.

Medical Service Committee Commended

The House urged every member of the ISMS to become politically active and commended the Committee on Medical Service for its work on the political scene including their publications "On the Legislative Scene" and "Legislative Listening Post." The House commended the employment of a legislative representative to work in behalf of the Society.

Liaison With HIC and Blue Cross-Blue Shield Authorized

An effort to further simplify insurance claim forms was requested through closer liaison with the Health Insurance Council. Official liaison with Blue Cross-Blue Shield was authorized.

Relative Value Study Recommendation Approved

The House approved the recommendations made regarding the Relative Value Study as follows:

a. It is understood that this is not a fee schedule.
b. That the study will be used for information only.
c. That the word "Confidential" be deleted from the cover of the published study and be replaced by the words: "For Information Only."
d. That the original study be amended and corrected to show the changes in the 1963 Delegates' Handbook.
e. That the study be kept current by spot checking every two to three years.

'Good Samaritan' Legislation Rejected

Because no suit has ever been won against a doctor providing emergency medical care, the House did not recommend the introduction of "Good Samaritan Laws." It was pointed out that other states having such legislation have experienced confusion rather than clarification.

Resolution 63-25 Passed

Resolution 63-25 which asked that the Illinois State Medical Society declare itself opposed to federal funds for medical schools and students, and that it seek to induce the American Medical Association to reverse its stand, was passed by the House of Delegates.

ABSTRACTS OF HOUSE ACTIONS REGARDING SCIENTIFIC ACTIVITIES

Journal Staff Commended

The House commended the staff of the Illinois Medical Journal for recent improvements and economy measures and called attention to the reduced advertising revenues experienced by all state medical journals.

School Health Forms Approved

The House approved the three prototype school health examination forms which can be modified to meet local needs. The forms were developed by the subcommittee on school records of the Committee on Child Health.

Health Examinations Recommended

Continued immunization programs for school children and health examinations for domestics were recommended by House action.

IMT Extension Urged

The development and further extension of the Impartial Medical Testimony program was encouraged by the House.

Centralized Laboratories Opposed

The House registered strong opposition to proposed centralized state licensure of laboratories and blood banks and emphasized the necessity of close scrutinization of laboratories by qualified personnel.

Maternal Welfare Committee Commended

The Committee on Maternal Welfare was commended for assisting in the reduction of morbidity and mortality rates in maternal care. The Committee on Perinatal Mortality is expected to produce equally gratifying results.

County Interest in Mental Health Encouraged

The House urged county medical societies to become more deeply interested in all phases of mental and emotional health.

Nutrition Efforts Praised

The House commended the efforts of the Committee on Nutrition in its continuing public education program in the co-sponsorship of the Annual Nutrition Conference, and in providing well qualified speakers on nutrition for medical society meetings.

Increased Speaker's Honorarium Declined

The House noted the improved quality of the scientific programs given throughout the state through the Society but disavowed the increase in honorarium as unnecessary.

Eradication of Tuberculosis Urged

The continuing problem of tuberculosis in the state was brought to the attention of the House and it urged that each county society work with community groups to make suitable arrangements in the development of an adequate tuberculin testing program.

Annual Meeting Study Authorized

A special committee was empowered to study the annual meeting and the problems of attendance, technical exhibits and section meetings.

Membership in Cancer Council Endorsed

The House accepted the recommendation of the Committee on Cancer Control that the Illinois State Medical Society appoint two members preferably from downstate since two have been appointed from the Chicago Medical Society as members of the Cancer Council.

Radiation Study Urged

The Committee on Radiation was urged to develop rules and regulations in keeping with the Atomic Energy Commission rulings; and was requested to present its study to the Board for action and implementation at a later date.

Proper Use of Laboratory Animals Endorsed

The House approved the continued proper use of laboratory animals because of the tremendous importance of continuing research and teaching.

ABSTRACTS OF ACTIONS OF THE HOUSE RELATIVE TO THE PUBLIC RELATIONS REPORTS

Disaster Medical Committee Activity Praised

The House commended the Committee on Disaster Medical Care for its outstanding leadership in the field of disaster medical care and their cooperation with the Illinois Department of Public Health and the state Civil Defense agency particularly in the implementation of the medical self-help program.

The House endorsed the resolution prepared by the committee calling for increased safety measures in the use of ordinary glass. The committee was urged to spearhead the efficient and economic utilization of the 62 Civil Defense emergency hospitals stored in Illinois.

Medical Self Help Training Implementation Urged

Members of the medical profession were urged to particpate in the implementation of the medical self-help training program. This training may be utilized in any civic disaster.

Public Safety Legislation Endorsed

The House urged member support for the legislation introduced through the efforts of the Committee on Public Safety which would call for physical examinations for those drivers whom the Secretary of State's office believes may be unfit to drive motor vehicles.

Extensive Media Coverage Noted

The House noted that the Society continues to receive extensive media coverage. This includes newspapers, radio and TV. Much of this comes at no cost to the Society through public service time.

St. Clair County Commended

The House commended the St. Clair County Medical Society for introducing a complete program for Community Health Week subsequently introduced state and nationwide.

County Speaker's Bureaus Urged

The House urged county medical societies to form speakers' bureaus to appear before lay groups.

Compulsory Assessment Stand Reaffirmed

The House reaffirmed its support of the Joint Commission on Accreditation of Hospitals in its ruling which makes it unethical for any hospital or hospital staff to establish a compulsory assessment program of any kind. This action on the part of the Joint Commission has been approved by the AMA and the ISMS.

Discuss Fees With Patients, House Urges

The House urged every physician to discuss fees with his patients before proceeding with regular treatment. Most cases coming before the Grievance Committees during the previous years resulted from a misunderstanding.

Population Limit Lifted

The House endorsed the recommendation by the Committee on Rural Health and the Student Loan Fund that a population limit of 5,000 might be changed to allow those cities of a larger size to receive needed medical personnel.

House Lauds Public Relations Activities

The House especially commended the efforts of the Physicians Placement Service for its work during the past 18 years; the Medical Assistants Association for its fine public relations activities, and the entire Public Relations Committee on its accomplishments throughout the state.

ABSTRACTS OF ACTIONS OF THE HOUSE OF DELEGATES ON MISCELLANEOUS BUSINESS

ISMS' AMA Leadership Praised

The House complimented the ISMS delegation to the AMA on its able presentation and sponsorship as well as the officer activity at AMA meetings. The excellent report of the delegation reflected the high quality delegate representation provided to Illinois.

Approve Illinois Association of Professions

The Illinois Association of the Professions was approved and requested to clearly define its objectives and consider possible future expansion to include paramedical groups.

Redistricting Study Continued

The House accepted the recommendations of the Committee to Redistrict ISMS that it continue its study and present a report to the House of Delegates in 1964.

Continue Work of Advisory Committee to Attorney General

The Committee to Cooperate with the Attorney General regarding Quackery was requested to provide Attorney General William G. Clark with continued assistance. The Attorney General was complimented for his cooperation and initial efforts.

Auxiliary Activities Praised

The House indicated that the Woman's Auxiliary and their friends will be largely responsible for the preservation of quality personal medical care. The House suggested the use of joint meetings of the Auxiliary with county medical societies.

Osteopathic Relations Study Tabled

The House tabled the Report of the Committee to Study Osteopathic Relations and discharged the committee.

ROUNDUP OF ACTIONS ON RESOLUTIONS PRESENTED BEFORE THE HOUSE

No.	Subject	Reference Committee	Action*
63-1	"Good Samaritan Laws"	Economics & Legislation	Not Accepted
63-2 -3 -4 -10 -13 -18	Citizenship Requirement for ISMS Membership RESOLVED that the Illinois State Medical Society change its Constitution and Bylaws to permit the admission to membership of any licensed physician, providing he is otherwise qualified, without the requirement of full citizenship.	Constitution & Bylaws	Accepted

*In a few Resolutions, minor amendments were made. Final copies may be procured by writing the Illinois State Medical Society office.

63-5	Reduction of AMA Dues	Scientific Activities	Not Accepted
63-6	Section on General Practice	Scientific Activities	Referred for Study
63-7	Majority Rule and Constitutional Rights of Individuals	Constitution & Bylaws	Not Accepted
63-8	Financing of School System in Illinois	Economics & Legislation	Accepted (As Amended)

RESOLVED, That the Illinois State Medical Society supports any and all other sound legislation to adequately finance and support our schools in the State of Illinois.

63-9	Payment for Medical Care of IPAC Patients	Economics & Legislation	Accepted

RESOLVED, That the Illinois State Medical Society Advisory Committee to the Illinois Public Aid Commission be requested to bring these deficiencies to the attention of the I.P.A.C., and that the members of the Advisory Committee from Chicago be asked to report the reactions of the I.P.A.C. to the C.M.S. Council by June, 1963.

63-11	The Keogh-Simpson Bill	Economics & Legislation	Not Accepted
63-12	"The Public Image" of the Doctor of Medicine	Public Relations	Referred to Board for Study
63-14	Preliminary Relative Value Study	Economics & Legislation	Accepted

RESOLVED: (1) That the Illinois State Medical Society approve the Illinois Relative Value Study as revised and indicated in the sample published in the April 1963 issue of the Illinois Medical Journal;

(2) That the revised version be edited, printed and distributed to each member of the Society for use as he may see fit;

(3) That the membership be informed of its proper use in private practice; and

(4) That the word "CONFIDENTIAL" be clearly printed on the cover as in the past; and

(5) That requests for distribution outside of the membership be given careful consideration in each case.

63-15	Study and Evaluation of Toxicants	Public Relations	Accepted

RESOLVED, That the Board of Trustees of the Illinois State Medical Society go on record that efforts to manipulate ecologic balances by governmental agencies, private industry and individuals through the use of toxicants and radiation needs urgent and conscientious study for the development of wise and effective controls, and be it further

RESOLVED, That in the opinion of the Board of Trustees of the Illinois State Medical Society, the present state of knowledge dictates a policy of caution, inquiry, maturity of judgment and statesmanship, and be it further

RESOLVED, That the Director of the Illinois Department of Public Health, through the Bureau of Hazardous Substances and Poison Control, be requested to undertake a study of all toxicants, current and future, sold or used in Illinois, and prepare a report for appropriate distribution, and be it further

RESOLVED, That the delegates from the Illinois State Medical Society to the American Medical Association House of Delegates, present a similar resolution at the June meeting of the AMA to encourage similar efforts by the Secretary of the Department of Health, Education and Welfare, and also by the American Medical Association.

63-16	Discovery Depositions by Physicians	Scientific Activities	Accepted

NOW THEREFORE BE IT RESOLVED, that the House of Delegates of the Illinois State Medical Society does hereby concur in the position of the Chicago Neurosurgical Society with reference to the matters stated above, and does hereby respectively request the Illinois Judicial Conference to give early and thorough consideration to this resolution and make appropriate recommendations to the Supreme Court of Illinois for the modification of the Court's rules in order to reduce or eliminate the abuses and excesses which are the subject of this resolution;

AND BE IT FURTHER RESOLVED that the Illinois State Medical Society does hereby indicate its willingness to assist and cooperate with the Illinois Judicial Conference and the Supreme Court of Illinois, to the end that the objectives of the resolution may be achieved;

AND BE IT FURTHER RESOLVED that a copy of this resolution be forwarded also to the Illinois State Bar Association so that they may be made aware of the problems which exist and can use their good offices to assist in resolving them.

63-17	Abuse of Voluntary Bankruptcy Law	Economics & Legislation	Not Accepted
63-19	Increasing Cost of Membership in Organized Medicine	Administrative Activities	No Action
63-20	Payment of Private Physicians Serving Recipients of IPAC	Economics & Legislation	Accepted

NOW THEREFORE BE IT RESOLVED, that the Chicago Medical Society request that the Illinois State Medical Society press diligently for:

1. A policy by the Illinois Public Aid Commission which will apply equally throughout Illinois, with regard to payment for private physicians who serve the medical needs of persons under the aegis of the Illinois Public Aid Commission, whether such service is given to patients at home, in the physician's office, while the patient is hospitalized, or otherwise institutionalized.

2. An appropriation by the Illinois Legislature of such an amount as will make possible the implementation of a uniform policy by the Illinois Public Aid Commission for the payment for medical services rendered to recipients of public aid by private physicians.

63-21	Proper Use of Laboratory Animals in Vital Scientific Research Programs	Scientific Activities	Accepted

THEREFORE, BE IT RESOLVED, that the Illinois State Medical Society does hereby express its disapproval and opposition of the proposed legislative measures enumerated (condemning use of laboratory animals), and

BE IT FURTHER RESOLVED, that copies of this resolution be forwarded to all United States Representatives from Illinois, as well as the appropriate Congressional Committee and Committee Chairmen.

63-22	Citizenship as a Requirement for Licensure in Illinois	Economics & Legislation	Not Accepted
63-23 -24	Prevention of Casualties from Flammable Fabrics	Public Relations	Accepted

RESOLVED, That the Illinois State Medical Society support and encourage programs and activities for the prevention of these accidental casualties from flammable clothing and fabrics.

63-25	Opposition to the Health Professions Assistance Act (S911)	Economics & Legislation	Accepted

RESOLVED, That the Illinois State Medical Society declare itself opposed to this legislation, and be it further

RESOLVED, That the Illinois State Medical Society seek immediately to induce the American Medical Association to reverse its previous stand.

63-26	Free Enterprise System	Economics & Legislation	Not Accepted
63-27	Operation Hometown	Economics & Legislation	Accepted

RESOLVED, That the Illinois State Medical Society give full support to the program OPERATION HOMETOWN, and be it further

RESOLVED, That each county medical society be urged to appoint the appropriate committee to carry out the program.

63-28	Opposition to Illinois SB 346 As Amended	Economics & Legislation	Not Accepted
63-29	Physician Care of Indigent Persons	Economics & Legislation	Accepted

RESOLVED that the House of Delegates of the Illinois State Medical Society go on record as reaffirming its pledge to the people of our state that no person will be denied needed physician care because of inability to pay.

OFFICERS ELECTED AT THE 1963 HOUSE OF DELEGATES

Officers

President-Elect . . . . . E. A. Piszczek
First Vice-President . . . . . Charles Allison
Second Vice-President . . . . . Ted LeBoy
Secretary-Treasurer . . . . . Jacob E. Reisch
Speaker of the House . . . Walter C. Bornemeier
Vice-Speaker . . . . . E. W. Cannady

Trustees

Third District . . . . . Frank J. Jirka, Jr.
Philip Thomsen
J. Ernest Breed
Fifth District . . . . . Lee N. Hamm
Sixth District . . . . . Newton DuPuy
Ninth District . . . . . B. E. Montgomery
Tenth District . . . . . Willard C. Scrivner

AMA Delegates

H. Kenneth Scatliff
Walter C. Bornemeier
Frank H. Fowler
Arthur F. Goodyear
Harlan English
E. W. Cannady

AMA Alternate Delegates

George F. Lull
George C. Turner
E. A. Piszczek
Newton DuPuy
Jacob E. Reisch
Carl E. Clark

Abstracts of Board Actions

Annual Convention Meetings, May 12-16, 1963

PKU and Auto Drivers Reporting Bills Defeated

V. P. Siegel, M.D., Chairman, Medical Service Committee, announced defeat in the House of Representatives of H 261, compulsory testing for phenylketonuria; and defeat in committee of H 901, compulsory reporting of physical defects of private patients as a basis for revoking drivers licenses. ISMS vigorously opposed both bills.

Action on Other Pending Legislation

The Board received and approved three separate current reports on specific pieces of legislation pending in the Illinois General Assembly, plus a review of the Committee's Supplemental Reports to the House of Delegates. A more than usual number of bills adverse to the medical profession and the public interest have been introduced in the current General Assembly session. Over 60 bills are being closely followed. The Board concurred in vigorous opposition to legislation which would establish impractical and highly undesirable procedures for licensing laboratories and blood banks, and undesirable changes in pharmacy practice. Agreement was reached on acceptable amendments to legislation for the control of radioactive materials and atomic by-products. ISMS sponsored legislation to improve the Illinois Kerr-Mills program, discontinue the licensing of midwives, tighten reciprocity rules for licensing physicians, and limitations on chiropractic, were approved.

Emeritus and Retired Membership Status Not Automatic

Reporting as Chairman of the Membership Committee at the request of the Finance Committee, H. Close Hesseltine, M.D., said county medical society secretaries should be reminded that neither emeritus nor retired membership is automatic, and that membership in these categories should be processed by application on the part of the individual involved.

Medical Self-Help TV Series This Fall

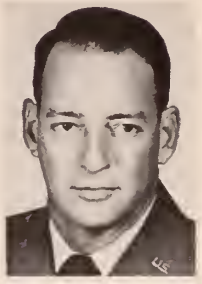
Reporting for the Public Relations Committee, Mr. Donald Martin, Director, Public Relations Division of ISMS, said that educational TV station WTTW in Chicago had approved scheduling this Fall of 16 half-hour programs on Medical Self-Help Training. Pre-recording the series on video tape would allow the Society to distribute the tapes to 6-10 other stations in Illinois. Complete plans call for video transfer films of the series which could be shown in industrial plants and schools, and full-blown promotion via TV, newspapers, posters and direct mail.

FINAL DISPOSITION OF SUPPLEMENTARY REPORTS REFERRED BY THE BOARD TO THE HOUSE OF DELEGATES FOR ACTION APPEAR IN THE ABSTRACTS OF HOUSE ACTIONS.

Medical Problems Encountered at High and Low Barometric Pressures

Robert G. McIver, Major, USAF, MC,
Brooks Air Force Base

The lessons learned from aerospace medicine concerning the medical problems of environmental change apply equally to caisson workers, submariners, divers, fliers, and other persons whom the physician is apt to encounter frequently in his practice. Major McIver, who is a physiologist, USAF School of Aerospace Medicine, Brooks Air Force Base, Texas, and who was the anesthesiologist on the medical team assigned to Col. John Glenn's orbital flight, shows how application of physical laws concerning gases are effective in the managment of these problems.



Progress in any Field frequently generates more problems which must be managed appropriately before the progress is actually effective. Various fields today involve the use of altered barometric pressures. Practicing physicians will be called upon more and more to treat disorders which have originated as a result of the alteration of the environment. A great many of these disorders will be the result of pressure effects. Most of these problems can be understood and treated effectively if the physical laws concerning gases are applied.

The space effort to send manned vehicles to planets, of course, is directly concerned with the effects of altered environments on humans. In addition to maintenance of an adequate environment, consideration must be given to such problems as the effects of a rupture in the wall of the space capsule. The trend in commercial air transportation is to fly at greater altitudes in order to obtain maximum engine performance, and certain of the problems associated with high-flying jet aircraft are not unlike those of space flight. The aircraft are pressurized, of course, but a pressurization system could fail.

Caisson workers, submariners, and divers have had problems with changing pressures for years, and they continue to have problems. There has been a tremendous increase in interest in skin diving and SCUBA diving as a sport, and it appears that this interest will increase even further. Some of these same SCUBA divers are also interested in flying or parachute jumping; thus, the problem is compounded. There are SCUBA divers who go underwater in the mountains; such combinations pose even further problems.

Utilization of the ocean and the ocean floor as sources of raw materials for industry is receiving more consideration.

Finally, the use of oxygen at increased pressures for treatment of hypoxic disorders such as carbon monoxide poisoning, or for infections caused by anaerobic bacteria, is being reinvestigated. Hyperatmospheric operating rooms are being constructed for performing surgical procedures on patients with oxygenation problems.

With these problems in mind, let us establish in review some basic concepts which apply. In order to discuss pressures in general, an absolute scale is used with infinity or space conditions representing 0 mm. Hg pressure and our atmosphere as 750 mm. Hg pressure, or 1 atmosphere, or 14.7 pounds/sq. in. Table 1 indicates the decrease in pressure on ascent to altitude and, conversely, the increase in pressure on descent below water.

TABLE 1. PRESSURE EQUIVALENTS

Alt Level	mm Hg	Atmospheres	psi	
Space	0	0	0	
63,000 ft	47	1/16	.9	
50,000 ft.	87	1/9	1.7	
42,500 ft.	125	1/6	2.4	
38,500 ft.	151	1/5	2.9	
33,500 ft.	192	1/4	3.7	
18,000 ft.	379	1/2	7.3	
Sea Level	760	1	14.7	(0 gage)
33 ft. H_2O	1,520	2	29.4	(14.7 gage)
66 ft. H_2O	2,280	3	44.1	(29.4 gage)
165 ft. H_2O	4,560	6	88.2	(73.5 gage)

TABLE 2. STAGES of HYPOXIA*

STAGE	ALTITUDE IN FEET		% ARTERIAL O_2 SATURATION
	BREATHING AIR	BREATHING 100% O_2	
INDIFFERENT	0-10,000	34,000-39,000	95-90
COMPENSATORY	10,000-15,000	39,000-42,000	90-80
DISTURBANCE	15,000-20,000	42,000-44,800	80-70
CRITICAL	20,000-23,000	44,800-45,000	70-60

*USAF FLIGHT SURGEONS MANUAL

The absolute scale must be used because percentages are only applicable at sea level. In order to know how much of a certain gas is present, the tension, rather than the percentage, must be known. Normal alveolar oxygen tension at sea level is 103 mm. Hg, while that of the ambient air is near 150 mm. Hg. Decreasing the barometric pressure naturally decreases the oxygen partial pressure; so that at ½ atmosphere (18,000 ft.), there is 75 mm. Hg atmospheric O_2 partial pressure, but only 38 mm. alveolar O_2 partial pressure.[1] There is a greater decrease in alveolar O_2 partial pressure, using percentages, due to the fact that the CO_2 output and H_2O vapor pressure have remained fairly constant in the alveoli. The alveolar water vapor pressure is 47 mm. Hg and remains as such. The CO_2 partial pressure decreases due to respiratory activity, but only from 40 mm. Hg to 31 mm. Hg. Thus, percentages do not give a true picture of alveolar gas partial pressures. At approximately 1/9 atmosphere (50,000 ft.), the total barometric pressure is 87 mm. Hg, which is also the approximate sum of the alveolar CO_2 and H_2O partial pressures; therefore, the O_2 partial pressure approaches O, depending upon the CO_2 tension.

At approximately 1/16 atmosphere (63,000 ft.), the barometric pressure is 47 mm. Hg, which is the partial pressure of H_2O vapor at body temperature. When the total pressure in the blood or tissues is less than 47 mm. Hg, boiling will occur.

From Table 2, it is apparent that, at different altitudes, different stages of hypoxia are encountered. Supplemental oxygen is recommended above 10,000 feet; 100% oxygen will be effective to a level of 39,000 feet. Above this altitude, oxygen under pressure must be used to prevent hypoxia. There is a physiologic limit to the amount of intrapulmonic pressure which can be tolerated, thus, pressure breathing above 43,000 feet is not recommended except for emergency measures. This is the practical ceiling for nonpressurized cabins. If the cabin is pressurized to 34,000 feet, then breathing pure oxygen at this level is equivalent to breathing air at sea level. Since most commercial aircraft are pressurized to 5,000-8,000 feet, no supplemental oxygen is needed. Pressurization of an aircraft involves the compression of the ambient atmosphere; therefore, there is a practical limit to pressurization (75,000 ft.) above which a cabin sealed with its own atmosphere must be used. In flights above 50,000 feet, a pressure suit must be worn; in case of loss of cabin pressure, the suit automatically inflates.

CO_2 problems, as a result of decreased barometric pressure, are usually the result of hyperventilation. The hyperventilation is usually a compensatory reaction to hypoxia, but can be the anxiety-type which is so common at sea level. Hyperventilation has been considered a cause of many aircraft accidents; however, the symptoms are almost indistinguishable from those of hypoxia.

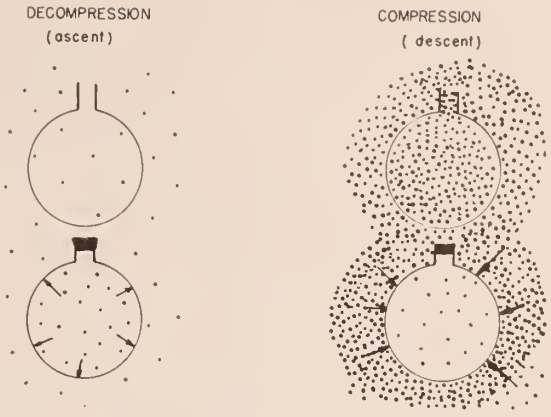
Oxygen and CO_2 tensions become as important in high pressure atmospheres as they do in low pressure atmospheres. If the high pressure is created by increasing the pressure of the atmosphere around the subject, then this is a specific type of problem; whereas, if the medium is water, then there are additional factors which must be considered.

The terms "compression" and "decompression" will be used to mean the same as in the altitude discussion, compression being an increase in pressure which is seen in descent from

altitude and descent to positive pressure; whereas, decompression will be used to indicate a decrease in pressure, which is seen in ascent to altitude or ascent from depth. During compression, the O_2 tension is increased, and during decompression, it is decreased. Therefore, one would not expect hypoxia to occur at increased pressures; however, hypoxia can occur in diving if a person expends his breathing mixture or if, in free diving, he overstays his limits. It might seem that a diver would not make these mistakes, but actually calculating gas supply requires some thought. In the case of the free dive, for example, in which a diver merely holds his breath, the human is "light" until a depth of about 18 feet is reached, when he then becomes "heavy." This shallow water lightness tends to make the diver take a breath somewhat smaller than his vital capacity, so he will not have so much difficulty getting below 18 feet. When he is on the bottom, then, he is in very good condition regarding oxygen tension, since the oxygen tension has increased on compression. The first stimulus to breathe is that of CO_2 buildup; the divers learn to ignore this stimulus[2] and, thus, can stay until the second stimulus appears, which is that of hypoxia. The hypoxic stimulus is uncontrollable and is referred to as the "break point." Time passes very quickly at depth because of the nitrogen narcosis, which is a very real narcosis. If the diver remains on the bottom until his break point, he will have difficulty attempting to surface, since the hypoxia is markedly increased by the muscular activity necessary for ascent, and the O_2 tension is decreased by expansion of the gas in the lung.

Divers using SCUBA (self-contained underwater breathing apparatus) can miscalculate the amount of gas which they have available. If the temperature of the water is less than the temperature on the surface, Charles' Law will show that the pressure in the tanks will be reduced at depth. If the breathing apparatus is of the demand type open system in which the gas is breathed only once and then bubbled off in expiration, normal oxygen consumption values and tidal volume values will not be realistic. With each tidal volume, more gas will be drawn in because the molecules are closer together. Most divers realize this and, therefore, cut down on their tidal volume at depth, thereby conserving the gas, since it is actually

FIGURE 1. MOLECULAR CONCENTRATIONS of a GAS



not necessary to have a normal tidal volume at depth to supply the oxygen needs. When the tidal volume is restricted, the CO_2 is not expired adequately and, thus, there is a CO_2 buildup. Since the diver is doing physical work, his CO_2 production is actually increased, and he can build up very high levels of CO_2 (10 to 12%) which are actually anesthetic and can cause unconsciousness.[3] This can happen at any depth and, hence, is called "shallow water blackout."

There are other problems which present themselves when a compressed air supply is piped down from the surface to a man in a deep sea suit, but this is a problem of its own.

If the diver used 100% O_2 as his breathing mixture, the CO_2 problem is aggravated even further since he tends to decrease his tidal volume even more thus increasing CO_2 buildup. Devices delivering 100% oxygen combined with CO_2 absorption are sometimes used in the U. S. Navy because the system is closed and, hence, there is no bubbling of exhausted gases at the surface. The fact that 100% O_2 is used further limits the dive, because of the danger of oxygen toxicity. At high pressures 100% O_2 can cause convulsions if the duration of exposure is sufficiently long. Breathing 100% O_2, divers not exercising are limited to 66 feet while those dives involving exercise are limited to 25 feet.

A brief introduction to the problems concerning O_2 and CO_2 created by increasing and decreasing the atmospheric pressure has been given. The effect of changing the ambient pressure on a gas in a confined space will now be considered. Fluids are relatively incompressible; any change in ambient pressure will be

transmitted through the fluid without changing the volume appreciably. If a gas is open to the surrounding pressure (Fig. 1), then the pressure of the gas will equalize with the ambient pressure and there will be no pressure differential developed. If the gas is in a confined space, however, a pressure gradient will be created; these pressure differentials are responsible for a number of the problems which we see from altering the ambient pressure.

In the body, the most obvious air-filled cavities are the middle ear, the gut, the lung, and the sinuses. Upon compression, there is a pressure differential established from the outside in, and conversely on decompression, the pressure differential is established from inside out, assuming that the solid and fluid portions of the body have assumed the ambient pressure.

The effect on the sinuses can be created either with compression or decompression, due to the configuration of the ostia. A slight differential can distort the opening, and the mucous membrane will then act as a valve so that increasing the differential will increase the distortion of the ostium. The patient develops a severe sinus-type pain, and the mucosa can actually hemorrhage during compression since the surrounding tissues, including the blood vessels, have assumed the increased ambient pressure while the sinus cavity has not.

The same pressure differential can develop in the middle ear cavity. The configuration of the eustachian tube is such that decompression usually does not produce any symptoms; the gas escapes into the nasopharynx with little or no difficulty. During compression, however, when the flow of air is from the nasopharynx into the middle ear, the mucosa will act as a valve and prevent the entrance of equalizing air. In such a case, the drum retracts, since it is movable, until the breaking point is reached when rupture occurs with possible hemorrhage as well. After rupture, there is no more pain, but if rupture does not occur, the pain is severe. Slow compression, with equalization of pressures by blowing against the closed mouth and nares will prevent the pressure differential from developing, unless there is inflammatory disease present around the eustachian tube. People with even a simple upper respiratory infection may develop severe difficulty from only small changes in ambient pressure. Sometimes, reascent to a level which produces alleviation of the pain is necessary; recompression can then be accomplished with more attention being given to clearing the ears. Subjects who have been breathing oxygen can have a delayed problem due to the absorption of the oxygen. In some instances, myringotomy is necessary to equalize the pressures.

Subjects not infrequently complain of toothache during changes of ambient pressure. This pain is usually attributed to pressure in a closed air pocket beneath a filling; sometimes, removal of the filling and replacement are necessary.

Gas trapped in the intestine can create a problem during ascent. Usually the gas in the stomach is eliminated with ease through the mouth. A patient with esophageal stenosis or hiatus hernia could have difficulties during ascent, but most of the pain from distention of the gut on ascent comes from the large and small intestine. A patient with intestinal obstruction, complete or partial, could actually rupture the intestine on ascent if the pressure changes were great enough. In normal subjects, the gas in the intestine is passed as flatus with no difficulty. Intestinal gas problems are not as severe in underwater work as they are in flying, since ascent from a dive usually restores the initial gas volume. If the dive has been substantially long, and gas formation has increased, the divers can, in this case, experience problems of gas expansion in the gut.

Closed gas spaces can be created by the particular equipment which is worn by the subject. Ear plugs are definitely contraindicated in flying or in diving to any depth since these create another space which can cause eardrum damage. A rubber diving suit which fits tightly around the ears can create the same pressure differential. Snug-fitting rigid eye goggles can cause a relative negative pressure on the eyes during descent, and there can be conjunctival hemorrhage or even retrobulbar hemorrhage. Deep sea divers can even be squeezed up into the rigid helmet if the pressure in the suit is allowed to fall; this is a great disadvantage in using a dry suit for diving.

The same principles can be applied to the effect of changing the ambient pressure on the lungs; this can be extremely dangerous under certain circumstances. If the airway remains open, there is usually no problem because the air in the lungs can equalize with the ambient

pressure, and no pressure differential is established. If the airway is completely or partially obstructed, voluntarily or involuntarily, serious difficulties can arise from an increase or a decrease in ambient pressure.

If the airway is completely obstrueted, as in the free or breath-holding dive, then the volume of air in the lungs deereases with eompression. The limit of this decrease is the thoracic eage, so that until the volume equal to the sea level residual lung volume is reaehed, the pressure inside the lung is equal to the ambient pressure and there is no effeetive pressure differential. If, however, the ambient pressure is inereased even further, then a pressure differential is established beeause the thoraeie eage eannot decrease further in size if the rib eage is intaet. As the ambient pressure inereases against the rigid thoracie eage, the gradient between the ambient pressure and that inside the lungs inereases even further. Since the fluid and solid portions of the body, ineluding the blood vessels, are in equilibrium with the ambient pressure, there is also a large pressure differential between the blood vessels of the lung and the air in the lung. If this pressure differential is substantial, the blood vessels will rupture and the patient ean expire from intrapulmonie hemorrhage. This eomplex is eommonly called "lung squeeze" by the divers and is analogous to eye squeeze, ear squeeze, sinus squeeze, skin squeeze, etc., referring to the high pressure differential developed on compression whieh can eause hemorrhage. In addition to hemorrhage, the large pressure differential may lead to rupture of the lung strueture allowing a small amount of air to be trapped in the interstitial tissue or in the pleural spaee. The presenee of this air would do no harm until ascent, at which time, with the marked inerease in volume, the subject will appear at the surfaee with a pneumomediastinum or pneumothorax. Reeompression may help temporarily, but the subjeet still will have the problem of surfacing, sinee the tear persists. Surgical treatment at sea level is probably the best treatment if the symptoms are severe.

Disturbanees caused by deereasing the ambient pressure with the elosed glottis ean be even more severe than those created by eompression. In this instanee, a high pressure differential is created from within and, if the differential is great enough, venous return of blood may be seriously impaired. An even greater problem is ereated if air is foreed into the interstitial tissue, the pleural spaee, or the blood vessels. Of eourse, if air is foreed into the blood vessels of the lung, this air is carried direetly into the systemie eireulation; on further deeompression, the frank air embolus expands greatly. If the embolus has been earried to the brain, a fatality eould result. Such a disorder ean oeeur at altitude in a patient with respiratory passage obstruetion if a pressurized aireraft loses eabin pressure at high altitude.[4] Even breath-holding is sufficient obstruction to eause damage. More eommonly, it is seen on aseent from depth with the subjeet holding his breath. If a diver is at depth and exhausts his gas supply, the normal impulse would be to hold his breath until surfaeing, sinee hypoxia may be impending. Fright adds to the problem in this ease. The only solution is for the diver to exhale during aseent even though he feels hypoxia. If he continues to hold his breath on ascent, the volume of gas in the lung will increase, rendering him more buoyant. This leads to a faster ascent whieh leads to a greater volume of gas in the lungs and this, in turn, accelerates his aseent rate even further. This vicious circle is termed "blowing up" by the diver and ean be prevented simply by exhaling on ascent.

Frank air embolism is a problem whieh the average practitioner will not see sinee elassically the diver surfaces and then eollapses as he is emerging from the water or shortly thereafter. Unless he is reeompressed immediately, he will not survive. On the other hand, if this happens at altitude, deseent is usually instituted and, if rapid enough, complete reeovery will ensue beeause the patient is being recompressed by the deseent. However, if this reeompression is not adequate, overeompression may be neeessary. Pneumothorax or pneumomediastinum acquired at altitude may resolve itself by recompression to sea level; but these disorders aequired during ascent from depth will probably require surgieal intervention if severe.

Ability to equalize pressures in a patient should be considered in any situation which involves ehanging the atmospheric pressure, sueh as transporting patients in unpressurized aireraft. Patients with air cysts of the lung, spontaneous or therapeutie pneumothorax,

pneumoperitoneum, intestinal obstruction, bullous emphysema, or other disorders in which air is trapped, should be carefully guarded from ambient pressure changes. The patient who has had air studies, such as pneumoencephalography or ventriculography, are susceptible to severe reactions from pressure changes.

Some problems concerning oxygen and CO_2 in relation to barometric pressure were considered, and then that portion of decompression sickness dealing with trapped gases was discussed. Decompression sickness has been defined as a syndrome, exclusive of hypoxia and airsickness, which is produced as a result of decreasing the atmospheric pressure.[1] Decompression sickness can be considered to consist of two categories of problems: a) those due to trapped gases; and b) those due to evolved gases.

The disorders involving trapped gases follow the laws of physics and are readily understood; evolved gas decompression sickness is not completely explained by the physical laws. An analogy which has been given many times is one to the carbonated soft drink. As long as the pressure is maintained, there are no bubbles. If the pressure is released suddenly, bubbles appear in the liquid. If a microscopic opening could be made in the cap, the pressure in the bottle would equalize with the ambient pressure without causing bubbles in the liquid. The same principle is involved in stage decompression following exposure to high positive pressures such as that which occurs in caisson workers and in submarine trainees.

Man has certain gas tissue partial pressures equal, or nearly equal, to the atmospheric pressure. When decompression occurs, there is a relative excess of partial pressures in solution in the blood and tissues. If this excess is sufficiently great, bubbles can be formed in the blood stream or in the other tissues of the body. If this takes place near a nerve ending, such as near a joint, severe pain may be the result, and this pain is called bends pain. If evolvement of gas takes place in the blood stream or in the brain, more severe reactions take place. The reaction may be severe enough to cause circulatory collapse and death. If the bubble formation is in the medulla, respiratory paralysis can occur; there may be a combination of neurological and circulatory problems. Bubble formation, spasm of the smaller blood vessels, and diminished blood flow all seem to enter into the development of circulatory decompression sickness, but it is generally thought that the bubble formation is probably the initial factor. The composition of the bubbles is mostly nitrogen, with carbon dioxide and O_2 also present. The bubbles produced at altitude, as one would expect, contain a smaller percentage of nitrogen than the bubbles produced at depth.[5]

Decompression sickness is difficult to study in animals since the smaller animals are not very susceptible to the disease. It has been postulated that the higher metabolic rate and more rapid circulation time of a smaller blood volume allow the lungs to rid the blood of the excess gas in solution.

At the USAF School of Aerospace Medicine, we have been able to produce the disease consistently in large mongrel dogs and, therefore, have explored some of the aspects of decompression sickness.[6,7] We are fortunate in having a pressure chamber which will produce pressures of 8 mm. Hg (100,000 ft. equiv.), or can be compressed to 6 atmospheres absolute, so that both altitude and divers or caisson decompression sickness may be studied. By means of a viewing cuvette, the moving arterial and venous blood can be observed for the presence of bubbles. At the same time, or shortly after the bubbles appear in the venous blood, a severe tachypnea and marked pulmonary artery hypertension appear. This triad of tachypnea, pulmonary hypertension, and the presence of intravascular bubbles is the criterion used for establishment of the diagnosis. Infusion of small air bubbles into the venous circulation from without also produce the tachypnea and pulmonary hypertension[6,8] as does the infusion of starch granules[10-12] or small glass beads.[9] We feel that the migration of these bubbles through the right heart and into the pulmonary bed cause the pulmonary hypertension. A small number of bubbles would produce no difficulty since the alveoli would be able to dissipate the gas into the atmosphere. When the bubble concentration overloads the normal diffusion mechanism, then a damming effect, with probably some blood vessel spasm, leads to pulmonary hypertension and tachypnea. If the tissues can be depleted of a good portion of their nitrogen before decompression, then the

evolved gas problem does not occur. This is accomplished in altitude flights by breathing 100% oxygen for a period of time before ascent; in diving, denitrogenation is accomplished by staging the ascent. Complete denitrogenation is probably never attained because some nitrogen is absorbed by the skin. Near complete denitrogenation requires approximately 12 hours, but 50% denitrogenation can be accomplished in most tissues in 30 minutes. Some tissues have longer denitrogenation half times than others.

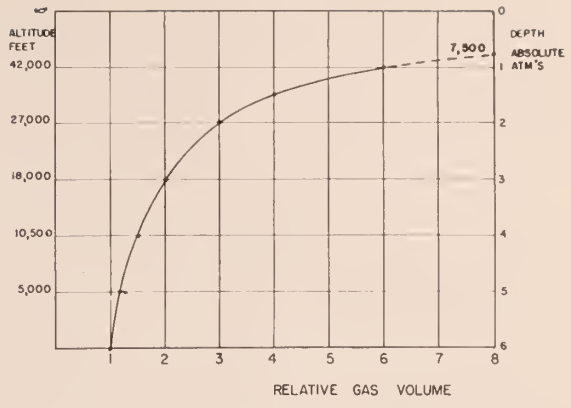
After the disease is established in both altitude and caisson decompression sickness, recompression causes a marked diminution in the size of the bubbles and disappearance of the tachypnea and pulmonary hypertension. Rarely, recompression to the predecompression level does not cause relief of the symptoms, in which case the patient must then be overcompressed.

The bubbles do not completely disappear on recompression because complete disappearance would involve resolution of the gas, and this requires time; they can be compressed to a point at which they no longer cause symptoms, however. In caisson disease, recompression therapy may require as long as 38 hours for decompression, depending upon the severity of the disease.

Decompression staging requires more attention at the shallow depths because these are the depths in which the greatest volume changes take place (Fig. 2). Since tissue denitrogenation requires time, consideration must be given to the SCUBA diver who also flies in airplanes; the chart displays the effect of an ascent to 7,500 feet on gas volumes after being at depth. This fact is borne out in our laboratory studies.[6] Dogs with caisson disease showed a 121% increase in pulmonary artery pressure and 140% increase in respiratory rate. After stabilization, these animals were then taken to 12,000 feet altitude, at which time the pulmonary artery pressure and respiratory rate showed 250% increases over the control values.

Bubbles form more readily around a site of recent injury. Exercise increases the incidence and severity of decompression sickness. Relative obesity is sometimes quoted as a contributory factor. Exposure to cold increases the incidence, probably because of the shivering. CO_2 retention may augment the disease.

FIGURE 2. BOYLE'S LAW



Since the symptomatology of decompression sickness is so varied and difficulties can appear at any place in the body, the disease is frequently not diagnosed unless an accurate history is taken and the physician is familiar with the disease. For example, since an expanding bubble is merely a space-occupying lesion, it can simulate any other space-occupying lesion. The central nervous system is not uncommonly involved, and it may be cerebral or cord type involvement. Paraplegia from bubbles in the region of T-8 to T-10 is frequently described in caisson disease. If the bubble is in the motor area of the cortex, a partial hemiplegia can result. Almost any signs and symptoms of a neurological nature have been described associated with decompression sickness. Signs of autonomic imbalance are not rare and the instability can progress into a profound shock state and death. Itching, tingling, and a mottled rash can appear on the skin; scotomata of different types are not uncommon. Diffuse small bubbles in the brain tissue can cause a diffuse neurological picture resembling cerebral edema.

The effect of bubbles trapped in the pulmonary bed on pulmonary artery pressure and respiratory rate has been discussed. These signs may be responsible for the syndrome described as "chokes" in which there may be severe pain in the mediastinum; painful, rapid, shallow respiration; coughing; and systemic circulatory disturbances; therefore, it is not surprising that many diagnoses of coronary occlusion are made when, in fact, the problem is decompression sickness. The ECG will not always distinguish the two because, in acute pulmonary hypertension, the ECG may show any number of patterns common to myocardial ischemia.

The rapid, shallow breathing may be con-

fused with hyperventilation, but the tachypnea is not a true hyperventilation since the tidal volume is reduced; the patient will probably be retaining CO_2 rather than having a CO_2 deficit. The patient may have numbness and tingling of the skin in either case.

A great deal of work has been done in the field of decompression sickness in the past 100 years, and there are still many unanswered questions regarding the etiology, pathology, and treatment of the disorder. The symptoms do not usually appear immediately on decompression except in the case of air embolism. There is usually a delay in the appearance of symptoms from 5 minutes to 10-12 hours. Most of the cases will be discovered in the first 2 hours after decompression. A good rule of thumb to follow, as far as adequate history, is to consider decompression sickness in any patient who has violated Haldane's 2:1 decompression rule within the previous 12 hours. That is, for altitude dysbarism, exceeding 18,000 feet, and for caisson disease, surfacing from depths greater than 33 feet of water.

Most cases of decompression sickness do not require pressurization therapy unless there are neurological or circulatory problems, and even some of these clear up spontaneously. Spontaneous recovery cannot be predicted, so treatment with pressurization is recommended if there is any doubt. The most effective results are obtained if the treatment is immediate. This is usually not possible unless the illness occurs at a diving school. The management procedure is a) make an early diagnosis, b) contact the nearest pressure chamber facility, c) discuss the case with pressure chamber physician, and d) make arrangements for transfer if recommended; supportive care should be given until the transfer is completed. The patient should be sent by the fastest means available, but if aircraft is used, the cabin should be pressurized to sea level pressure. The effect of altitude on caisson disease in dogs is marked, and similar effects could be anticipated in humans. A physician should accompany the patient because supportive measures may be necessary.

Contact should be made with a pressure chamber even if the case is a few hours old, for the patient may derive benefit from the treatment even if the disorder has been present 24 to 48 hours.

If it is impossible to utilize this form of treatment, then the usual forms of supportive therapy may be instituted.[13] Serial hematocrits should be done since a marked hemoconcentration may appear after several hours. Three per cent CO_2 + 97% O_2 breathing mixture has been recommended, the CO_2 being added to increase cerebral blood flow.

Each physician will work out his own arrangements for treatment; most important is the fact that early diagnosis and treatment are paramount if full recovery is expected.

REFERENCES

1. USAF Flight Surgeons Manual, AF Manual 161-1. Department of the Air Force, Washington, D.C. (1962).
2. Stark, James, Cmdr., USN. Personal communication.
3. U. S. Navy Diving Manual. NAVSHIPS 250-538. Navy Department, Washington, D. C. (1959).
4. Bancroft, R. W. Personal communication.
5. Adler, H. F. Dysbarism. Unpublished report (1952).
6. Leverett, S. D., H. L. Bitter, and R. G. McIver. Studies in decompression sickness 1. Circulatory and respiratory changes associated with decompression sickness in anesthetized dogs. USAF School of Aerospace Medicine Report SAM-TDR-63-7, March 1963.
7. McIver, R. G., and S. D. Leverett. Studies in decompression sickness. II. Cardiorespiratory responses of anesthetized dogs to overcompression following experimental decompression sickness. (In press.)
8. Durant, T. M., and M. J. Oppenheimer. Embolism due to air and other gases. Medical Building MB-1, July 16, 1957. Veterans Administration, Washington 25, D. C.
9. Nider, A. H., and D. M. Aviado. Effects of pulmonary embolism on the circulation with special reference to arteriovenous shunts in the lung. Circulat. Res. 4:67 (1956).
10. Binger, C. A., G. R. Brow, and A. Branch. Experimental studies in rapid breathing II. Tachypnea, dependent upon anoxemia, resulting from multiple emboli in the larger branches of the pulmonary artery. J. Clin. Invest. 1:155 (1924-25).
11. Meigobow, R. S., L. N. Katz, and F. S. Steinitz. Dynamic changes in experimental pulmonary embolism. Surgery 11:19 (1942).
12. Meigobow, R. S., L. N. Katz, and M. Feinstein, Kinetick of respiration in experimental pulmonary embolism. A.M.A. Arch. Intern. Med. 71:536 (1943).
13. Malette, W. G., J. B. Fitzgerald, and A. T. K. Cockett. Dysbarism. A review of 35 cases with suggestions for therapy. USAF School of Aerospace Medicine Aeromed. Rev. 3-61, April 1961.

Metabolic and Other Systemic Effects of Cancer

Edward H. Reinhard, M.D., St. Louis

Among the many systemic disorders associated with cancer are clubbing and hypertrophic osteoarthropathy, dermatomyositis, scleroderma, migratory thrombophlebitis, polycythemia, and hypoglycemia. Dr. Reinhard, Professor and Chairman of Medicine, Washington University, St. Louis, stresses the importance of these and other disorders not only as diagnostic criteria but as potentially fatal metabolic complications, primary management of which can prolong the life of the cancer patient.



Some of the Metabolic, neuromuscular, connective tissue, vascular, and hematologic syndromes that occur in association with cancer are of great importance for two reasons. First, some of these systemic effects may be the first clinical manifestations to suggest the diagnosis of cancer, and, second, some of these metabolic disturbances may threaten the life of the patient even though the primary cancer has not involved any vital structure. Under the circumstances, treatment of the metabolic complication may be temporarily life saving.

Cancer of the lung stands out as the tumor which causes far more metabolic, neuromuscular, connective tissue, vascular and hematologic disorders than any other tumor. Lung cancer is now the most common malignant tumor seen in the United States, but this seems inadequate to explain the fact that it produces many of these abnormalities so much more frequently than any other tumors. *All* of the syndromes on this list have been observed in association with lung cancer except hypoglycemia.

Neuromyopathy

Obviously, many types of cancer metastasize to the nervous system and produce varied neurological syndromes. We are concerned today with the neurological syndromes which occur in association with cancer unrelated to metastases to the nervous system.

There is no constant relationship between the course of the neurological disorder and that of the carcinoma. The neuromyopathy may progress simultaneously with obvious growth and spread of the tumor, but, in some cases, the neurological symptoms have antedated the clinical manifestations of the tumor, occasionally by as much as three years. In a few cases the neuromyopathy has developed after successful removal of the tumor. Patients with neuromuscular disorders or peripheral neuropathy have, on occasion, shown striking remissions, and even recovery from the neurological symptoms at times when they were seriously ill or near death from the effects of the tumor.

The following facts have been emphasized:

1. Only a very small percentage of patients suffering from carcinoma develop neuromyopathy. Lennox and Pritchard in 1950 found only 1.7 per cent of 299 patients with carcinoma of the bronchus had *peripheral neuritis* (they did not include other forms of carcinomatous neuromyopathy). Brain has estimated that the

incidence of *all* neuromyopathies together is not over 5 per cent in patients with lung carcinoma.

2. The incidence of neuromyopathy is much greater in association with lung cancer than with any other kind of cancer.

3. There is no relation between the size of the tumor or its stage of development and the development of neuromyopathy. Neuromyopathy may be the first clinical manifestation of the tumor.

The pathogenesis of the neuromyopathy of cancer is quite unknown. I do not believe there is enough factual data to support any of the theories which have been suggested to justifiy a discussion of etiology. Suffice it to say that vasculitis due to hypersensitivity to some substance produced by the tumor or even some substance involved in carcinogenesis is a popular hypothesis at present.

Clubbing and Hypertrophic Osteoarthropathy

Clubbing is the most frequent peripheral manifestation of lung cancer. It may or may not be accompanied by the more generalized phenomenon of hypertrophic osteoarthropathy. Very rarely, hypertrophic osteoarthropathy may develop before clubbing occurs.

The incidence of clubbing in cancer of the lung has varied in published series. In two of the larger series the incidence was 5.2 per cent and 12 per cent, respectively. Bronchogenic carcinoma is the condition responsible for the largest number of cases of hypertrophic osteoarthropathy, but this complication occurs with a higher percentage of patients with mesotheliomas. Squamous carcinoma of the lung is more frequently associated with hypertrophic osteoarthropathy than any other cell type.

The pain of osteoarthropathy may be very severe and disabling. It is remarkable how rapidly and completely this pain is relieved after removal of the primary tumor. Spontaneous remission may occur, however, and exploratory thoracotomy has seemed to initiate a remission in several instances.

There are many theories concerning the pathogenesis of this syndrome, but again there is exceedingly little data to support any of these.

Dermatomyositis

The association of dermatomyositis with cancer has been commented upon for many years. In a recent comprehensive review, 15 per cent of patients with dermatomyositis were found to have cancer. The most common primary sites of the tumor were stomach, breast and lung. It is also interesting that well documented dermatomyositis may exist for many months before the diagnosis of cancer becomes apparent.

Scleroderma

Scleroderma deserves only passing mention. The coexistance of scleroderma and cancer of the lung has been described in four patients, all of whom were women. The scleroderma preceded the appearance of the cancer by some years in two of these patients.

Acanthosis nigricans

Acanthosis nigricans is a rare skin disease which, when it occurs in infants and children, is usually *not* associated with cancer. However, the adult type of this disorder appears in middle or late life and, in the great majority of cases, is associated with extensive internal cancer. The accompanying cancer is always glandular in type. The primary tumor is breast or lung in 5 per cent of cases, and intra-abdominal in 95 per cent (usually stomach). The underlying cancer is usually highly malignant.

Endothelial Abnormalities Associated with Cancer

Migratory thrombophlebitis occurs in association with cancer as well as in association with other wasting diseases. The venous thrombosis may be very extensive involving all four extremities, and may give rise to pulmonary embolization and infarction. The incidence of this phenomenon in association with various tumors has varied widely in different reports, but there is general agreement that migratory thrombophlebitis occurs most commonly in association with intra-abdominal cancers, especially carcinoma of the panereas.

Likewise, non-bacterial, thrombotic endocarditis occurs in association with various chronic

wasting diseases including cancer. A large series of cases of this type of verrucous endocarditis was studied by MacDonald, and 27 of 28 cases were associated with cancer.

Most authors have felt that the thrombophlebitis and endocarditis in these patients are secondary to pathological changes in the venous and endocardial endothelium, but immobilization of the patient plays a contributory role, and hypercoagulability of the blood has been suggested as a possible mechanism.

Hematological Abnormalities

Of the many hematological abnormalities that may occur in association with cancer, I will discuss only two—anemia and polycythemia. I have picked these two because work done in recent years has cast considerable light on the pathogenesis of the anemia and the secondary polycythemia seen in association with cancer, whereas we have much less information concerning the mechanism of production of the leukemoid reactions, the eosinophilia, the fibrinolytic purpura and cryofibrinogenemia.

The following summarizes the mechanisms which have been postulated to explain the anemias developing in association with cancer:

1. Anemia due to chronic blood loss—iron deficiency anemia.

2. Anemia due to decreased red blood cell production.

It was thought for many years that the anemia of disseminated carcinomatosis unassociated with bleeding, was due to either marrow failure induced by substances produced by, or derived from the breakdown of, cancer cells, or to replacement of normal cells by malignant tumor cells. Thus the two classical mechanisms were:

a) marrow failure.

b) myelophthisic anemia.

Studies in recent years have shown that most anemic patients with advanced cancer have normal or even increased red blood cell production.

3. Anemia due to increased red blood cell destruction.

This is a major factor in the anemia of advanced cancer. The hemolytic anemia may be either—

a) Hemolytic anemia with a positive Coombs test.

b) Hemolytic anemia not associated with a positive Coombs test.

Studies done in several different laboratories including our laboratory have shown that a majority of patients with normochronic normocytic anemia associated with advanced cancer have shortened chromium red blood cell survival times. There is evidence that this is due, not to any defect in the erythrocytes of the cancer patient, but rather to the presence in the plasma of a hemolytic factor.

Polycythemia Secondary to Tumors

Secondary polycythemia has been observed in association with many different types of malignant tumor.

Polycythemia has been reported in association with renal tumors in over 40 patients. In those patients in whom nephrectomy was possible, long remissions of the polycythemia were observed in many cases. The fact that this is the most common type of tumor to produce polycythemia is of interest in view of the evidence that the kidneys are involved in the production of erythopoietin. There are now four reports in the literature of patients with renal cancer and polycythemia in whom elevated levels of erythropoietin were demonstrated; in two of these patients assays revealed increased amounts of erythropoietin before resection of the tumor, and normal amounts after operation. It is strange that in one of these patients at the time of surgery, blood obtained from the renal vein of the involved kidney had a lower erythropoietin level than blood drawn simultaneously from an arm vein. This is of considerable interest in view of the suggestion which has been made by one investigator that erythropoietin itself is not produced by the kidney, but the kidney produces an azyme which is essential to the production of erythropoietin in some other organ or organs.

Polycythemia of secondary type has also been reported in association with non-neoplastic renal disorders including polycystic kidneys, hydronephrosis, and hyperparathyroidism with nephrocalcinosis. In two cases of cystic disease of the kidney with secondary polycythemia, simple excision of the cysts produced remission of the polycythemia, and in one of these cases, assay of the cyst wall revealed high levels of

erythropoietin suggesting that the abnormal substance may have been produced by the cysts rather than the kidney parenchyma.

Finally, a few words about secondary polycythemia associated with brain tumors. In almost all of these cases the tumor was an infratentorial hemangioblastoma. Out of 106 patients with this type of tumor seen at the Mayo Clinic, 11 (or about 10 per cent) had hemoglobin values >18 Gm. Unfortunately, blood volume studies have been done in only a few of these patients to determine whether the increase in red cell mass and hemoglobin value were absolute or relative. I know of only two such studies which showed that there was an absolute polycythemia.

I would like to review the data on one of these patients:

This patient was a 39 year old male with recurrent cerebellar hemangioblastoma, reported by Thomas Waldmann and associates. The hematocrit was 58 per cent, hemoglobin 17.3 gm. WBC and platelet count were normal. You will note that the patient's Cr^{51} red blood cell volume was 44 cc./Kg. body weight compared to the normal of 29 cc./Kg. ± 2. The plasma volume was only very slightly increased. Furthermore, the red blood cell Fe^{59} uptake, the plasma iron turnover, and the red blood cell iron turnover were all increased. This is conclusive evidence that the patient was producing erythrocytes at an accelerated rate and there were more total red blood cells in the body than normal, and not just hemoconcentration.

The erythropoietin assays on this patient were done by the usual technique, using starved rats. The rate of incorporation of Fe^{59} into the red blood cells of the assay animals was measured at 16 to 18 hours. This is an accurate measure of the rate at which erythrocytes are being produced in the bone marrow. The patient's plasma, spinal fluid, and urine all contained approximately the same amount of erythropoietin as normal control plasma, whereas fluid aspirated from the cystic cerebellar tumor showed greatly increased amounts of erythropoietin. The cyst fluid from the hemangioblastoma also produced a significant reticulocytosis in the assay rats.

It is certainly not possible to say whether erythropoietin production in tumors or tumor cysts is the usual mechanism of production of increased red blood cell production in patients who have polycythemia secondary to tumors, but it has been shown to be the mechanism in some cases.

To re-emphasize, both granulocytic and lymphocytic leukeoid reactions, profound eosinophilia with up to 70 per cent eosinophiles in the blood, purpura due to fibrinolysis, and cryofibrinogenemia have been observed in association with cancer in our clinic as well as by many other observers.

The Carcinoid Syndrome

The carcinoid syndrome is characterized by paroxysmal attacks of flushing, dyspnea and diarrhea. These symptoms are due to the elaboration of serotonin (5 hydroxytryptamine) by the tumor, which then produces these distant vascular effects. The occurrence of these symptoms almost always means that the tumor has metastasized and that there is, therefore, a considerable volume of tumor tissue. Five hydroxytryptamine is oxidized to 5 hydroxy indole acetic acid which is excreted in the urine. Detection of this substance constitutes the diagnostic test for carcinoid.

The appendix is the commonest site of origin, the terminal portion of the ileum being almost as common. Carcinoids may also be primary in the stomach, colon, ampulla of Vater, and rectum.

Such tumors do not always arise in the gastrointestinal tract. For example, the typical carcinoid syndrome with flushing, prostration, explosive diarrhea, dyspnea, wheezing and cardiac murmurs has been described by Knowles in seven patients with "bronchial adenomata of the carcinoid type". In some of these patients increased urinary excretion of 5 hydroxy indole acetic acid has been demonstrated. All of the patients studied at autopsy had hepatic metastases, but none of them had any evidence of extrapulmonary origin of the primary tumor. Most of the patients had had removal of a bronchial carcinoid tumor months or years prior to the development of the hepatomegaly and carcinoid syndrome.

Carcinoid tumors may also be primary in teratomas of the ovary, or, rarely, the testes.

Inappropriate ADH Secretion

In 1957 Schwartz reported two cases of bronchogenic carcinoma in which hyponatremia developed due to failure of renal sodium reabsorption. He performed studies which he interpreted as indicating that excessive renal sodium loss in spite of a low serum sodium level was due to continued inappropriate secretion of antidiuretic hormone. In 1959 Roberts

reported a third case of bronchogenic carcinoma with hyponatremia and excessive renal sodium loss presumed to be due to the same mechanism. Ivy at the Mayo Clinic reported the fourth case (again the tumor was a bronchogenic carcinoma).

I would like to review now the case of inappropriate ADH secretion due to bronchogenic carcinoma, which was reported in July 1961 from the Mayo Clinic by Ivy.

> The patient was 59 years old and the diagnosis of carcinoma of the lung was established by bronchoscopic biopsy. His clinical history was long and complicated and will not be reviewed. Ivy demonstrated that the patient was losing large amounts of salt in his urine in spite of the fact that the serum sodium level ranged around 112 meq/L. It was shown that the salt losing syndrome was corrected when the patient was given large doses of the salt retaining steroid 9 fluorohydrocortisone. In addition, a whole battery of renal function tests were performed and these all gave normal results. At least one possible interpretation of the severe salt losing syndrome in the face of a low serum sodium level and in the absence of any apparent renal disease would be inappropriate ADH secretion.

In summary then, it is thought that the normal mechanism of regulation of the serum tonicity by ADH involves: 1) osmoreceptors which cause release of ADH from the posterior pituitary in response to an *increased* concentration of solute in the serum, and 2) osmoreceptors which inhibit release of ADH in response to *dilution* of the extracellular fluids.

It has been suggested that in certain patients with lung cancer, ADH is produced in response to some stimulus other than the normal osmoreceptors, as in these patients ADH is apparently elaborated even when the serum sodium and osmolality are very low. The mechanism whereby the tumor brings about inappropriate ADH secretion is unknown. *At any rate,* these patients have urine which is persistently hypertonic compared to the plasma, and the body fluid volume contraction which normally accompanies serum sodium depletion does not occur.

Hyperadrenocorticism

The usual case of Cushings syndrome is due to hypersecretion of steroid hormones by the adrenal cortex. This may be due to primary hyperplasia or to steroid secreting tumors of the adrenal cortex, or it may be secondary to excessive stimulation of the adrenal cortex by hormones produced by pituitary hyperplasia or neoplasia. Similarly, Cushings syndrome has been observed to develop in patients with ovarian tumors of a type which produce active steroids. These relationships are well established.

The question then arises, can other types of cancer exclusive of pituitary, adrenal, and steroid producing ovarian tumors produce Cushings syndrome? In 1928 Brown published a case report of a patient with typical Cushings syndrome who at autopsy had no tumor of any of these organs, but the patient did have oat cell carcinoma of the lung. Since then evidence has been steadily accumulating that many types of tumor can give rise to this syndrome.

From 1928 to 1962 41 cases of non-adrenal, pituitary or ovarian tumors associated with hyperadrenocorticism have been reported. The types of tumor which have been implicated are shown in the following:

Hyperadrenocorticism	
Ca of lung	— 18
Ca of thymus	— 10
Ca of pancreas	— 6
Bronchial carcinoma	— 1
Ca of testis	— 1
Sympathicoblastoma	— 1
Ca of colon	— 1
Ca of thyroid	— 1
Ca of prostate	— 1
Ca of gallbladder	— 1
Total	— 41

It seems clear that this is not the chance coexistence of Cushings syndrome and cancer for two reasons. The syndrome of hyperadrenocorticism is rare, only 500 cases having been reported up to 1960. For 41 cancers to have occurred among 500 cases of Cushings disease would be statistically very unlikely. Furthermore, the types of cancer are uniquely grouped. The frequency of carcinomas in the general population does not at all correspond to the incidence of tumors shown here. For example, approximately 2 per cent of reported cases of Cushings syndrome have had carcinoma of the thymus, whereas the incidence of this tumor in

the general population is less than 0.05%. Cancer of non-endocrine organs (all taken together) occur in from 8 to 10% of all patients with Cushings disease associated with lung cancer had the anaplastic or oat cell type, whereas this type constitutes only about 9% of all bronchogenic carcinomas.

Nearly all of the patients with cancer and Cushings syndrome in which chemical studies were done have shown the complete picture of hyperadrenocorticism. All have shown glycosuria, 19 out of 23 have shown hypokalemic alkalosis, and 22 out of 26 showed increased urinary corticosteroids and, to a lesser extent, ketosteroids.

It is of interest that in at least 2 of the cases of carcinoma of the thymus and at least 4 of the patients with lung cancer, the Cushings syndrome preceded any symptoms or signs of cancer. However, it seems clear that the malignancy causes the hyperadrenocorticism rather than hyperadrenocorticism somehow causing cancer, as there is no case on record of a patient who has had prolonged Cushings disease due to an adrenal or pituitary tumor later developing non-endocrine carcinoma.

The mechanism by which these tumors produce hyperadrenocorticism is at present obscure. However, Meador, at the 1961 meeting of the Endocrine Society reported a case of severe Cushings syndrome in a patient with oat cell carcinoma of the lung. Assays of tumor obtained at autopsy showed corticotrophic activity varying from 15 to 35 units per Gm. of tumor tissue. Thus it would seem that this particular lung tumor was autonomously secreting large quantities of corticotrophic substance. It is impossible to state at present whether this is the mechanism in all of these cases or even the majority of them.

Hypercalcemia

Hypercalcemia is a frequent complication of malignancy and in the past has been attributed to extensive bony involvement by tumor. However, in recent years many patients have been reported who had hypercalcemia without radiographic or autopsy evidence of bony metastases. A typical example taken from one such report by Plimpton and Gellhorn in 1956 showed that some of the serum calcium levels were very high, the highest value being 23 mg.%. As in other reported cases, the serum phosphorus tends to be low. The alkaline phosphatase is usually normal, but in case two it was extremely high (17.6 B.U.). These patients all had inoperable cancer. These same authors also reported one patient with cancer of the ovary and two patients with cancer of the kidney in all three of whom surgical removal of the tumor was followed by prompt return of the serum calcium and phosphorous levels to normal. Another case showed the fall in the serum calcium level following removal of the tumor in a patient with ovarian carcinoma. The patient's life was threatened by the hypercalcemia and for this reason the parathyroids were explored first. Three parathyroids were identified—they appeared normal and were not removed. This was a pity as it now seems probable that removal of the parathyroids, even though they were grossly normal in appearance, would have corrected the hypercalcemia. At any rate, later removal of a large multicystic papillary adenocarcinoma of the ovary which extended from the pelvis up to the umbilicus was followed within three days by return of the serum calcium level to normal. Six months later, with return of a palpable tumor, there was rapid recurrence of the hypercalcemia.

It should be emphasized that these patients not infrequently die of their hypercalcemia (with weakness and mental confusion leading to coma) rather than dying as a direct result of the cancer.

Hypercalcemia in the absence of bone involvement has now been reported in association with carcinoma of the overy, carcinoma of the uterus and cervix, carcinoma of the kidney, carcinoma of the lung, Hodgkin's disease and hemangiosarcoma of the liver.

One of the theories which has been suggested to account for the hypercalcemia in these patients is that these tumors might produce a vitamin D-like substance which causes increased calcium absorption from the GI tract. Boeck's sarcoid tissue has been stated to produce such a substance. This possibility would seem to be ruled out by studies of the sort shown on the next slide, which is taken from a report by Gerald Stone. This was a patient with carcinoma of the cervix who had hypercalcemia. Calcium balance studies showed normal fecal

calcium excretion, and there was an impressive negative calcium balance.

This leaves us with the following possibilities to explain the hypercalcemia of cancer:

1. Hypercalcemia is secondary to bone metastases with breakdown of the bone matrix with subsequent release of more calcium into the circulation than can be cleared by the kidneys. This mechanism is certainly inadequate to explain the hypercalcemia in those patients having no bone metastases. Furthermore, removal of the primary tumor has been followed by prompt reduction in the serum calcium level in some cases.

2. Another theory is that the primary tumor and/or metastases produce a substance with properties similar to parathormone which is responsible for the hypercalcemia. However, I know of only one unconvincing report in which it was claimed such a substance was demonstrated in the blood.

3. The last, and, I believe, most probable explanation is that the tumor produces some unknown substance which stimulates the parathyroids producing secondary hyperparathyroidism. If this theory is correct, then parathyroidectomy may be temporarily life saving in some of these patients.

In support of this last theory I refer to studies done on a 34-year-old woman with metastic carcinoma of the cervix. Cortisone was given in the doses indicated at the bottom of the slide, in an attempt to lower the serum calcium level and there was a good initial response, the serum calcium dropping to 11.1 mg.%. However, with reduction in cortisone dosage, the serum calcium rose to 20 mg.% and coma due to hypercalcemia developed. Steroid therapy the second time, even though given in larger doses than originally, did not reduce the serum calcium below 15.5 mg.%. A subtotal parathyroidectomy was done on December 16 and immediately following the findings on microscopic examination of the parathyroids suggested secondary hyperplasia. Following parathyroidectomy the serum calcium level returned to normal.

Hypoglycemia

The occurrence of hypoglycemia in association with insulin producing islet-cell tumors of the pancreas has been recognized for many years, and the mechanism seems clear enough. However, in recent years there have been many reports of hypoglycemia occurring in association with other types of tumors.

This phenomenon has been seen most frequently, and has been recognized for the longest period of time, in association with adrenal tumors. In several of these cases the hypoglycemia occurred in spite of the production of increased amounts of corticosteroids which might have been expected to favor, if anything the development of *hyper*glycemia. There can be little doubt that the hypoglycemia in these cases has been due to the adrenal tumor as in at least three cases removal of the tumor promptly relieved the hypoglycemia, and in one of these patients hypoglycemia reappeared with the later development of metastases.

In addition, hypoglycemia has been reported in association with fibromas, rhabdomyofibromas, pseudomyomas peritonei, various sarcomas including two cases of mesothelial cell sarcoma, and hepatomas.

In studying the mechanism of production of this tumor-induced hypoglycemia major attention has been paid to the study of extracts of the tumors and plasma from the patients for insulin-like activity.

Negative results have been obtained in 10 patients with hypoglycemia studied by nine different investigators. In all of these cases the tumor extracts had no demonstrable insulin-like activity.

However, in 5 cases the tumor extracts were shown to have some insulin-like activity. Of the 5 reports, the one by Whitney is the most interesting in that he is the only investigator who has been able to demonstrate insulin activity in both extracts of the tumor and the patient's plasma.

A review of the reported cases of non-pancreatic tumors associated with hypoglycemia reveals that all of the tumors were quite large and hypoglycemic and symptoms usually appeared only a short time before surgical removal of the tumor or before death. Several authors have suggested recently that the hypoglycemia in most, if not all, of these patients is due to excessive glucose consumption by tumor. Neoplastic tissues exhibit a high rate of

glycolysis. Furthermore, it has been shown by 3 different investigators that during the glucose tolerance test on patients with tumor related hypoglycemia there is little change in serum inorganic phosphate. Normally, the serum inorganic phosphate falls and this is due to peripheral utilization of glucose. The absence of such a fall suggests the diversion of glucose from peripheral areas to the tumor.

In a 47-year-old-man with a massive intra-abdominal mesothelial cell sarcoma who had spontaneous blood sugar level as low as 9 mg.%, all abdominal viscera were completely encased in gray-white tumor, noted as a thick white layer of tumor around the organ. Sellman did elaborate studies on this patient which he thought excluded all of the mechanisms of production of hypoglycemia considered in this syndrome except excessive glucose consumption by the tumor. Further studies showed that the tumor had a high glycogen content. Unfortunately it was not possible to study glucose uptake by the tumor directly because the tissue had been frozen.

In conclusion, I would like to mention a 34 year-old negro female seen in March 1960 at Barnes Hospital. In 1959 she began to have episodes of extreme weakness, drowsiness and disorientation. She was found to have a large right upper quadrant mass which on biopsy proved to be a primary carcinoma of the liver. She was found to have hypoglycemia, and thereafter she was given cortisone, frequent feedings, and frequent intravenous injections of glucose given in the Barnes Emergency room. Later on she developed acanthosis nigracans. At the time of her final admission to the hospital her blood sugar was 12 mg. %. She was given continuous intravenous glucose in spite of which she died several hours later.

'63 annual convention / CLINICAL ABSTRACTS

The following abstracts are from scientific papers presented at the Annual Convention last month. They appear here to acquaint readers with the outstanding scientific program presented at the Convention. The complete articles from which they are derived are subject to publication in future issues of the Illinois Medical Journal.

SURGERY

Oration in Surgery — Diverticular Disease of the Colon. Rudolph Noer, M.D., *Professor and Chairman of Surgery, University of Louisville.*

Diverticulosis and diverticulitis, relatively common afflictions of middle age and beyond, have received less attention from the profession than they deserve. Diverticulosis is characterized by small and usually multiple mucosal pockets protruding through the walls of the colon. When inflammation occurs, usually as the result of obstruction to the orifice, the condition becomes known as diverticulitis. It is estimated that approximately one-fifth of all people with diverticulosis will eventually become prey to diverticulitis and that approximately one-fifth of these will ultimately require operative treatment.

Only recently have physicians begun to appreciate the importance of diverticulitis and its complications. Diverticulosis is without particular hazard except through its potential for the development of diverticulitis. Acute diverticulitis may lead to either resolution and disappearance of the disease with only thickening of the wall remaining, or it may progress to rupture. There may be abscess formation followed by either resolution or generalized peritonitis. Fistula formation either into the bowel or other organs or to the exterior of the body may also occur under certain circumstances. A frequent later complication, is that of partial obstruction of the colon due to thickening of the bowel wall and narrowing of the lumen. A third complication, hemorrhage, has only recently become recognized as a fairly common occurrence.

The treatment of acute diverticulitis in the past has been bed rest and sedation with dietary restriction and the occasional mild case of diverticulitis will be handled quite adequately by this regime. It is unwise to temporize too long in the hope of avoiding operation; colostomy, through diversion of the fecal stream, offers the only real means for

putting the colon at rest and rest still remains essential in the spontaneous healing of inflammation. Antibiotics are of help during the acute phase of the disease, but one must remember that once pus has formed the antibiotics will have no effect upon that pus; if the body's defense mechanisms themselves do not result in spontaneous resolution of the abscess, drainage will be necessary.

Elective colonic resection in the treatment of diverticulitis has only recently been adopted as a matter of common practice. Given an individual with recurrent attacks of diverticulitis, there is no reason not to offer relief from the disease by way of a segmental resection of the involved colon. One should ordinarily allow between three and six months following the performance of a diverting colostomy before he attempts to do such colonic resection.

Only recently has hemorrhage been recognized as one of the major complications of diverticulitis. The mechanism of the bleeding is not clear, but we can no longer question the fact that it does occur. If the hemorrhage is exsanguinating, exploration and removal of the bleeding bowel is essential if the patient is to survive. The difficulty in the presence of acute hemorrhage, of course, is that of knowing whether the disease is localized and therefore in deciding how much of the colon one ought to resect. One can only do what his judgment dictates following inspection of the colon in the acutely bleeding case.

PEDIATRICS

Treatment in Pediatric Practice. Robert R. Lawson, M.D., *Chairman of Pediatrics, Northwestern University.*

Does a physician have to give some form of treatment to every child brought to him? Should a medicine be prescribed just because the family expects it? Children are presented to the physician because of an illness or deviation from normal growth and behavior that disturbs the family or for a "health check up" and immunization program. In many instances a clear cut line of treatment is indicated but on some occasions the necessity of treatment may not be clear and in fact treatment may cause more harm than good. There are clear cut indications to treat when treatment is available 1) when the treatment cures an otherwise incurable condition 2) when an expected spontaneous cure can be measurably speeded up. 3) in order to cut down complications 4) for symptomatic relief. One must be cautious, however, that unnecessary treatment is not carried out 1) since this may carry a risk greater than the disorder itself 2) the failure to recognize self limited variations from normal leads to insecurity on the part of the families 3) undue emphasis on treatment may exaggerate the problem it is meant to control.

There are a number of conditions that one sees where the question of therapy is difficult. In general these fall into the categories of A) Developmental variations B) Viral respiratory infections C) Problems of over solicitude and overprotection.

The "normal" child shows a wide variation in weight, height and in achieving the landmarks of physical and mental development. In general infants tend to lose their fat, baby appearance during the second year of life and at the same time develop day to day swings in their appetites. This concerns parents for they tend to equate "bigness" both in appetite and weight with good health (an attitude that may well lead to obesity in later childhood as the child unconsciously seeks to gain approval by overeating). The parents' overemphasis may be increased even more when the doctor adds extra vitamins and "tonics" to stimulate the appetite. Here is a classic example of a normal process, temporary reduction in food intake, being prolonged by resorting to medical therapy. For instead of being reassured by the doctors concern, the parents believe that their child's loss of appetite is important. When the treatment with vitamins and tonics doesn't produce the desired increase in appetite the family may lose confidence in the doctor and shift to a new one. When a careful appraisal reveals no organic problem it is much more salutory to take a few minutes to explain that these variations are to be expected. Showing the position of the child on the percentile tables should reassure everyone that the child is, in fact, well and needs no special medication.

Similar examples of common self limited variations in growth that only rarely need treatment (and then on specific indications) are umbilical hernias, "tonguetie", persistent upper labial frenum, capillary hemangiomas, bowing of the legs in infants, knock knee in the 3-4 year old, and large but innocuous tonsils. An experienced physician to children knows that reassurance and unobtrusive watching will produce a better end result in these conditions than ill advised treatment.

Viral infections of the respiratory and gastrointestinal tracts account for over ninety per cent of the acute febrile illnesses of children. Although we know there is no anti-viral drug available, the tendency is to treat all infections in children with anti-bacterial antibiotics either because of fear of missing a bacterial infection or in order to prevent a complicating bacterial invasion. Numerous studies have shown the failure of such prophylactic therapy. The problem of specific viral or bacterial diagnosis remains difficult. Since many of these infections appear in waves a discriminating physician can usually make this differentiation by the clinical picture and the epidemiologic pattern and thus avoid treatment with agents that may cause not only minor reactions but even fatalities. When the physician is in doubt, he may feel forced to treat

but in doing so he should explain why the child is being treated so that undue faith is not built up in antibiotics for viral infections. The excuse that the family demands a shot or a "mycin" is hardly justification for unwarranted use of expensive and confusing drugs.

The third type of situation presents when a definite disorder is present that must be diagnosed and may be treated but which must be kept in proper perspective by doctor and family so that its importance is not over exaggerated. A common situation is the child with an innocent heart murmur. When heard it should be mentioned to the family but it must not be left as a threat to the child. Its innocence must be emphasized and no restrictions on the child's activities must be allowed. All too often a physician leaves a family in limbo when he says "we will watch him but don't let him overdo!" Even if it were an organic murmur there would be no harm in full activity in the absence of cardiac enlargement or functional impairment. A similar situation follows a diagnosis of rheumatic fever, diabetes or asthma. Where a specific therapy and follow up prophylaxis are necessary it is important that as much freedom as possible be allowed in the child's activity so that feelings of inadequacy do not lead to chronic invalidism. Undue restrictions lead only to over solicitude and overprotection.

OBSTETRICS-GYNECOLOGY

Diagnosis and Treatment of Carcinoma of the Cervix. Harold Kaminetsky, M.D., *Associate Professor of Obstetrics-Gynecology, University of Illinois.*

There has been no major advance in the treatment of cervical cancer during the past 10-15 years. However, the knowledge and technics necessary to reduce markedly death from this disease are readily available.

The cytologic smear can detect cervical cancer in its pre-invasive and therefore easily curable form. This ability of finding the early lesion is especially important for patients who have no symptoms and whose cervices appear normal. Pregnancy provides an excellent opportunity to acquaint women with the advantages of an annual cancer screening smear. For most women this will provide insurance against death from this form of malignancy. However, the cytologic smear fails to detect cancer in about 5 per cent of patients who have it. Thus, when there are symptoms of cervical disease and any visible abnormalities such as cervicitis and cervical erosions, four quadrant biopsy of the cervix is highly desirable to find the early lesions that may be missed by the smear.

The treatment of pre-invasive cancer is total hysterectomy, except for young women desirous of pregnancy. For such patients cold knife conization of the cervix is adequate. Patients not subjected to hysterectomy must be carefully followed using repeated cytologic smears to ensure early finding of persistent and recurrent disease.

Most patients with invasive cancer of the cervix are treated by combined internal uterine and external pelvic irradiation. A small number of women with early invasive cancer may be treated by radical hysterectomy and pelvic lymph node dissection. Patients whose cancers are resistant to radiation treatment or develop recurrences after treatment may then be treated by surgical removal of some or all of the pelvic organs including the lower colon and bladder.

ALLERGY

Cutaneous Sensitivity to Cold. Stephen Rothman, M.D., *Professor Emeritus of Dermatology,* and Sylvia F. Griem, M.D., *Assistant Professor of Dermatology, Argonne Cancer Research Hospital and Section of Dermatology, University of Chicago.*

Man may become sensitive to cold to such a degree that he may suffer disease manifestations of different kinds. The most common variety of such abnormal reactions is to break out with hives at the sites of cold exposure.

The immediate cause of production of hives is the liberation in the skin tissue of a chemically well defined and biologically powerful substance, called histamine. If in the cold-sensitive patient large surfaces are exposed to cold, excess amounts of histamine may be liberated from the skin into the blood stream and, therefore, hives may break out not only at the surfaces exposed to cold but all over the body.

Furthermore, if such a cold-sensitive person exposes his whole body surface suddenly to cold water as it happens in diving, swimming or in taking a cold shower the overflow of histamine may be so severe that it may lead to shock with the blood pressure dropping precipitously so that there is a real danger of sudden death by drowning or otherwise. In many cases when a healthy swimmer, soon after he jumped into the water, suffered a "heart attack" or "muscle cramps" and died by drowning, in reality this sudden death was due to cold sensitivity and histamine shock.

It is not well understood how "allergy" to cold comes about. According to one theory this is an allergy similar to the hivy allergies to food constituents, drugs, inhalants or to contact with allergizing materials. The assumption in this theory is that cold exposure elicits a subtle change in one of the skin metabolites in everybody's skin, and that certain persons may become sensitized to this normal metabolite. However, other workers believe that cold sensitivity is not a true allergy but is due to some not yet identified abnormality in the skin tissue or in the blood.

Be as it may, hives caused by cold sensitivity can be well controlled with the modern antihistaminic drugs. This treatment is not a cure but in most cases makes the patient quite comfortable.

Pesticides—A Physician's Point of View

Julius M. Kowalski, M.D., *Princeton*

This article is based on a Resolution introduced by Dr. Kowalski as Chairman of the Public Safety Committee to the ISMS Board of Trustees earlier this year. Approved unanimously by the House of Delegates at the 1963 ISMS Annual Convention, this Resolution received nationwide attention as an example of interest and foresight by organized medicine in the ever-growing problem of commercial pesticides. To Dr. Kowalski and the Public Safety Committee the citizens of Illinois owe a debt of gratitude. The Editor.

We must each face these soul-searching questions squarely. What is the worth of a blade of grass, a bug, a tree, a stream, a baby? A likely solution is to be found in the words of John Ruskin: "Beautiful things are useful to men because they are beautiful, and for the sake of beauty only; and not to sell, or pawn, or in any other way turn into money."

The answers to inquiries concerning values, utility, beauty, the importance of a sand dune on the shores of Lake Michigan as contrasted to a belching smokestack — the answers to these and other queries are to be found in further questioning. All too often we are satisfied with the immediate answer that it works, the problem is solved! But continued association with a problem only points up more vexations which appear to defy solution; this is the price of the shortsighted, pragmatic answer. The progressive probing with questions, however, often does not fulfill the immediate pressing demands, but in the questions asked today and next week lie the answers to perplexing problems of last week.

The endless questions in the field of ecology have crystallized at least one truism concerning renewable natural resources — whether it concerns micro-organisms, insects, fish, rabbits, robins, timber, corn, or humans — and that is habitat. Given a reasonably suitable environment, each species will perpetuate itself despite disease, predation, natural havoc, and even pesticides. The worldwide human population explosion resulting from better nutrition, effective medical care and many other 20th century advances exemplifies this. Once a habitat is destroyed to an irrecoverable minimum, a species is lost forever, as was the passenger pigeon when the lake states' forests fell before the axe, or, at best, only token numbers remain in limited areas, as the bison and grizzly do today.

The full consequences of pesticides to man and his renewable natural resources with the limited knowledge presently at hand are vaguely known and some effects cannot yet be foreseen. The indirect and untoward effects of chemical control on undesirable insects and plants are frequently long delayed, difficult to trace, and apparent safe minimal accumulations in air, soil, water, fiber, food and all tissues can in time accrue to harmful or lethal levels. Many toxicants are now known to have a profound latent effect on flora and fauna not originally intended for suppression or eradication. The current toxicants are potent, and new, incompletely investigated products are being developed and marketed yearly. A further disquieting thought arises in that these lethal agents can be purchased by anyone, anywhere, without adequate controls to guard against their misuse. It behooves all who

Part 2. Concluded in this issue.

attempt to manipulate ecologic balances — governmental agencies, industry, or individuals — to give serious consideration for urgent, intensive and continuing study of toxicants, to the end that wise and effective controls can be established. In the interim, until more knowledge concerning toxicants becomes available, it seems prudent to proceed with a policy of caution, inquiry, maturity of judgment, and statesmanship.

To those who feel that the rapidly vanishing out-of-doors fills a need for complete and wholesome living, lends stability to character, and illuminates the true prospective of man's humbleness in the universe — to those who like to fish or hunt, photograph, birdwatch, hike a woodland trail, or just sit in solitude against a tree and muse at passing clouds — to those, the words of William Blake are appropriate:

"To see the world in a grain of sand,
And a heaven in a wild flower,
Hold infinity in the palm of your hand,
And eternity in an hour."

Comment on Dr. Kowalski's Article

Thomas G. Scott, Ph.D., *Springfield*

After reading Dr. Kowalski's extremely well-written paper, "Pesticides — A Physician's Point of View," I feel like singing out in exultation. Here is an eminent member of the medical profession with an understanding of ecology, with awareness of the unfortunate complications which may follow unwarranted disturbances of intricate relationships, especially those resulting from poisonous pollutants. Here is a man who also knows what actual and potential beauty in the natural environment means to people and realizes the danger of indiscriminate destruction of it through careless use of pesticides. Here is a powerful ally for those of us who are concerned about this alarming problem. This statement should go far to stimulate careful scientific evaluations of the effects of pesticides on the total environment and to promote greater care in their use.

Head, Section of Wildlife Research, Illinois Natural History Survey.

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Wojniak, F. A., 99 Jan.
Yovaish, Walter, 665 June
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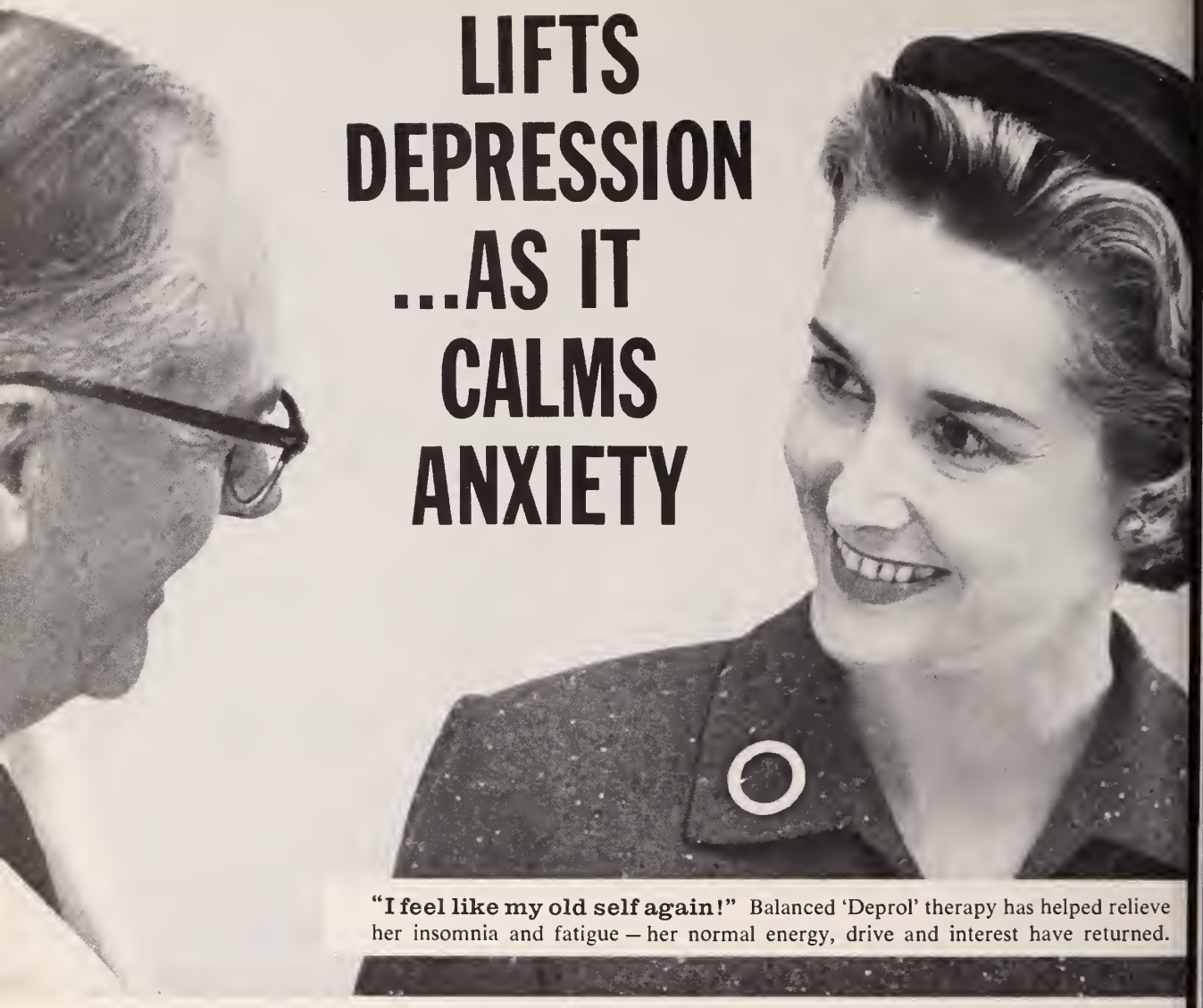
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REFERENCES: 1. Siegler, P. E., in Nodine, J. H., and Moyer, J. H. (Editors): *Psychosomatic Medicine*, The First Hahnemann Symposium, Lea & Febiger, Philadelphia, 1962, p. 582. 2. Lapolla, A.: Western Med. 2:383 (Sept.) 1961. 3. Yoss, R. E., and Daly, D. D.: Pediatrics 25:1025 (June) 1960.

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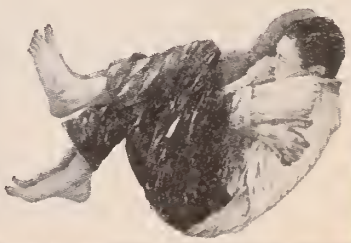
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INE does not cure addiction. It can, however, help addicts hologically, because they know NALLINE detects relapse and relapse leads to a return to prison or hospital. Definitive vers to the epidemiology of addiction—in itself a symptom of nderlying disease that may be psychologic, physiologic, or macologic in nature—are, as yet, unknown.[2,3]

test should be undertaken only by physicians experienced in dealing with tic addicts.

Summary: Indications: To reverse significant respiratory depression due iates. Diagnostic—to test for opiate narcotic addiction. **Effects, Precautions, and Contraindications:** Do not use in mild or non-opiate respiratory depression. Use with extreme caution and in small doses in narcotic addicts and in non-addicted patients receiving opiate narcotics due to risk of violent withdrawal symptoms. Effect gradually lost on successive doses which may result in respiratory depression. Untoward reactions include dysphoria, miosis, pseudoptosis, lethargy, drowsiness, sweating, pallor, nausea, psychotomimetic manifestations. **Before prescribing or administering, read product circular with package or available on request.**

Note: NALLINE will not precipitate abstinence symptoms in meperidine addicts unless they are taking 1,600 mg. or more daily. The ability of NALLINE to detect addiction to codeine is unknown.

1. Brown, T. T.: The Enigma of Drug Addiction, Springfield, Ill., Charles C Thomas, 1961, pp. 287-334. 2. Chesnick, R. D.: Med. Times 90:247 (March) 1962. 3. Narcotic Addiction Symposium: New York Med. 18:562 (August 20) 1962.

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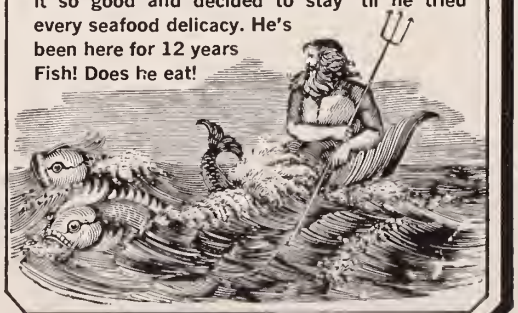
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PULSE of the Illinois State Medical Society

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Illinois Medical Journal

June, 1963 *A Service of the Public Relations Division*

'Discard Old Images For New' Analyst Urges PR Meeting

A longing for the "good old image of the country doctor" is as out of date as a Model-T Ford on Congress Expressway, physicians attending the ISMS Public Relations Conference at the 123rd annual meeting were told.

The speaker was the noted opinion research analyst, Pierre Martineau of Chicago.

"Face it," Martineau said, "times change and images change with times. Years ago you couldn't pay some people to climb into an automobile. The 'new fangled things' were thought to be radical and unsafe.

"Today, after improvements and a new generation constantly exposed to advertising geared to safety, we think nothing of climbing into our 'safe' automobile — even though thousands of Americans are killed on highways every year. Now we're afraid of air travel."

The opinion analyst stated that medicine has entered a new period and the profession cannot avoid acquiring a new image. The problem, Martineau said, is convincing people that the new image is for the better.

He praised the modern techniques used by the ISMS PR Com-

(continued on p. 3)



DR. ARKELL M. VAUGHN, left, chairman of ISMS' American Medical Association Education and Research Foundation Committee, presented checks totaling $194,323 to five Chicago medical schools at the opening session of the society's annual meeting May 12. Accepting the checks on behalf of the schools was Dr. Richard H. Young, dean of the Northwestern University medical school.



AMONG THE SUBJECTS covered at the May 16 PR Conference was that of Community Health Week, conceived last fall by the ISMS PR Committee as an annual state-wide promotion. Dr. Matthew Eisele, East St. Louis, used a flannel board presentation to explain the success CHW enjoyed as a "pilot" program in St. Clair County.

A FRANK CRITIQUE OF ISMS' PR PROGRAM was rendered by members of the press, radio and TV in a panel discussion at the May 16 PR Conference. ISMS PR Director Donald L. Martin, center, moderated the panel comprised of left to right: Jim McPharlin, WBKB-TV director; Guy Mainella, WJJD radio news director; Guy Harris, WIND radio program manager; Bob Nystedt, former Wheaton Daily Journal editor, and Al Burns, WNBQ-TV public service director.





LEADING LADIES FOR 1963-1964 are pictured (left to right) Vice Presidents: Mrs. Newton DuPuy, Mrs. Allen S. Watson, and Mrs. John W. Koenig; Mrs. Willard Scrivner, President-Elect; Mrs. Matthew Uznanski, President; Mrs. Sherman C. Arnold, Recording Secretary; Mrs. John J. Milroy, Treasurer, Mrs. Joseph Cari, Corresponding Secretary; and Directors Mrs. Wendell Roller, and Mrs. Frederick Roos. Mrs. N. A. Thompson, also a director, was not available for photograph.

Convention '62

More than 350 delegates, alternates, members and guests took part in the Auxiliary's 35th Annual Convention held at the Sherman House, Chicago, last month.

The conventioneers were treated to top speakers, a fashion show, a "night on the town", the opportunity to formulate the policies of their organization for the next year and a chance to pause and remember their friends who were not with them this year.

Among the key speakers were Mrs. C. Rodney Stoltz, president-elect of the Woman's Auxiliary to the AMA, Dr. Frederick J. Stare, Dr. E. T. Edwards on "The Doctor's Wife" and Dr. Russel B. Roth discussing "What's So Funny About Practicing Medicine?"

Mrs. Matthew Uznanski was formally inducted as president of the Auxiliary. Past program chairman Mrs. Willard Scrivner of East St. Louis was chosen president-elect.

In her Acceptance Speech, Mrs. Uznanski keyed the year's activities to "The Art of Giving."

A special memorial service was conducted by Mrs. Edmond Droegemueller for Auxiliary members who died during the past year.

Councilors for the 1963-1964 are Mrs. Glen Harrison, Lake Forest, First District; Mrs. John Hackett, Oglesby, Second District; Mrs. John W. Koenig, Blue Island, Mrs. Holger Hoegh, Chicago and Mrs. Silvio Del Chicca, Chicago, Third District; Mrs. A. W. Wellstein, Geneseo, Fourth District; Mrs. Kenneth Calhoun, Bloomington, Fifth District; Mrs. Myer Shulman, Pittsfield, Sixth District; Mrs. H. E. Schoonover, Salem, Seventh District; Mrs. Thomas W. Kelso, Champaign, Eighth District; Mrs. C. K. Wells. Mt. Vernon, Ninth District; Mrs. Harold McCann, Belleville, Tenth District; Mrs. I. Erlin Bartlett, Wheaton, Eleventh District.

Serving as Editor for the year will be Mrs. Oliver Veneklasen assisted by Mrs. Theodore Proud, both of Chicago.



"Nutritional Nonsense" was the subject of Dr. Frederick J. Stare's address to the Auxiliary Convention. Dr. Stare is Chairman, Department of Nutrition, Harvard University School of Public Health.



The President's Luncheon and fashion show featured commentary by Ann Marsters (left) with fashions by Georgianna Jordan (right).



Certificate of Achievement was presented by Mrs. Wendell Roller to Mrs. William B. Schmidt chairman of the Crawford County Auxiliary AMA-ERF Committee. The award was presented by the AMA for outstanding efforts on behalf of this educational project.



PIERRE MARTINEAU, NOTED OPINION RESEARCH ANALYST, checks last minute details with PR Committee Chairman Dr. Leo P. A. Sweeney, left, as he prepares to address the Annual Meeting's PR Conference at the Sherman House. Dr. George F. Lull, center, immediate past president, was among the distinguished guests.

PR Workshop (con't)

mittee, particularly the heavy emphasis on audio-visual programming. "If medicine is acquiring a modern image, then the use of a mass media of communications is the most efficient way to project a good impression to the people," he concluded.

The PR Conference also featured a lively flannel board presentation on the new ISMS program, Dr. Leo P. A. Sweeney presided as PR Committee members reported on their respective fields.

The conference concluded with a "critique" of the society's new PR program, with members of radio, newspaper and television participating.

'Medical Interview' Gains Popularity, Four New Outlets

The popularity of ISMS' "Medical Interview" radio series continues to soar as evidenced by the addition of four more stations — including WGN of Chicago — to its broadcasting network.

"Medical Interview," a weekly five-minute taped discussion with Illinois physicians prominent in their field, is now carried by some 26 radio stations throughout the state.

WGN, the largest station airing the program, broadcasts "Medical Interview" at 6:55 p.m. every Saturday, and supports it with numerous spot promotions throughout the day. A clear channel station (720 kc), WGN broadcasts are heard in Wisconsin, Michigan, Indiana and Canada as well as Illinois.

Other additions to the network include:

Bloomington, 3:30 p.m., Tuesday, Station WJBC;

DeKalb, 11:30 a.m., Tuesday, Station WLBK;

Fairfield, 1:55 p.m., Station WFIW.

If "Medical Interview" is not heard in your community, ask your local radio station to contact the PR Division, Illinois State Medical Society, 360 N. Michigan, Chicago 1, Ill.

High School Students Ask Facts; ISMS Responds With Key Speakers

One of the youngest groups the lay Speakers' Bureau of the ISMS has had a request from was the Student Council of New Trier Township High School, Winnetka. They contacted the offices recently asking for physicians to tell them about the physical effects of alcohol and tobacco.

In response to the request, the Society arranged the appearance of Dr. Harold Levine, an internist and associate attending physician at the Cook County Department of Medical Education and Dr. Jack Buffington of the Department of Psychiatry, Northwestern University Medical School.

In two separate sessions the Doctors spoke to the more than 5,200 students in the school. Dr. Levine spoke to the freshmen and sophomores concerning smoking while Dr. Buffington spoke to the juniors and seniors on the effects of alcohol.



DR. JACK BUFFINGTON faces a junior-senior audience and answers their questions on alcohol.

The doctors' brief lecture period was followed by lively questions from the audience. A tribute to the fine program was the immediate request that a program of this type be presented next year.

PR Standing Ovation

A standing ovation by the ISMS House of Delegates — one of the highest tributes paid any group in recent years — was accorded the Public Relations Committee at the concluding session of the 123rd annual meeting.

The precedent-shattering action was in acknowledgment of the committee's outstanding accomplishments during the past 12 months.

Dr. Frank H. Fowler, who chaired the annual meeting's reference committee on public relations activities praised members of the PR Committee as "men who have worked many, many hours . . . in putting our image before the public." Dr. Fowler was especially laudatory of the group's work in the audio-visual and media relations fields.

Society Cooperation Requested For 'Sunscope' Measure

The Illinois Society for the Prevention of Blindness has asked the cooperation of ISMS in its campaign to protect the public, especially children, from macular burns when a 77 per cent partial eclipse of the sun occurs over Illinois Saturday, July 20.

Studies show that direct observance of this phenomenon could be disastrous to the eye, ISPB President Frank F. Fowle said, pointing to the 170 Australian children who suffered permanent eye damage by viewing an eclipse incorrectly in 1959.

Since none of the traditional methods of viewing the sun — such as through sun glasses, smoked glass or exposed negatives — offer proper protection for the eyes during an eclipse, ISPB is conducting a statewide campaign to encourage its viewing through a sunscope.

The sunscope, which any school child can make from a cardboard carton, is based on the "projection method" of a pinhole camera. Here the image of the eclipse is projected onto a white surface and the observer, with his back to the sun, watches the projected image.

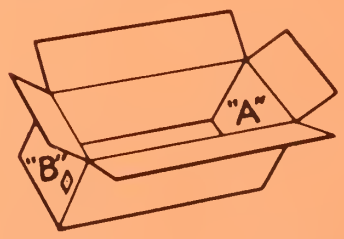
ISMS members are asked to encourage their young patients to construct sunscopes so that they may safely view this phenomenon. If you would like copies of the following instructions — with accompanying diagrams illustrating the construction of a sunscope — for distribution to your patients, you may obtain them, without charge, by contacting the Public Relations Division, Illinois State Medical Society, 360 N. Michigan Avenue, Chicago 1, Ill.



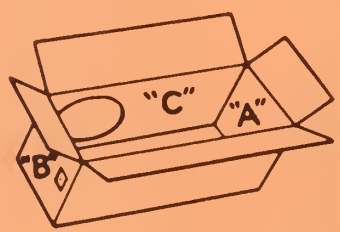
THE "DEAN" OF ISMS, 96-year-old Dr. A. R. E. Wyant, left, gives some advice on longevity to the youngest member of the society's 50-Year Club, 70-year-old Dr. Jerome J. Weil, at the group's annual luncheon May 17. Both are from Chicago. Dr. Weil was among some 48 new members installed into the club at the society's annual meeting. This photo proved so popular that the Associated Press carried it to newspapers and TV stations throughout Illinois on its state wire service.

Here Are Sunscope Directions

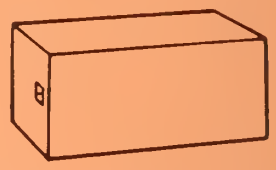
STEP 1 — Take one large oblong carton (about 1' X 2' X 3' such as that in which facial tissue is shipped) and cover the inside of one of the small ends ("A") with plain white paper. The longer the box, the larger will be the sun's image.



STEP 2 — Cut a small hole (about 1" square) in the opposite end ("B") of the carton close to one long side. Cover this hole with aluminum foil. Make a pinhole in the center of the aluminum foil.

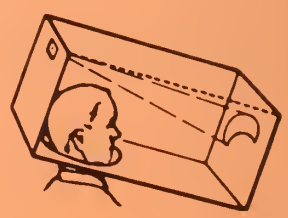


STEP 3 — Cut a hole slightly larger than your head (so the carton slips over the head easily and allows ample air space), on the other long side ("C") more than 14 inches from the white paper.



STEP 4 — Close all four sides of the carton and tape together to shut out light. To make the box darker, seal all light leaks with black tape or black paper.

Stand with back to sun and put carton over the head so that you are looking at the white paper on Surface "A". Direct the pinhole — behind you — towards the sun. The sun's image enters the box through the pinhole and appears on the white paper in front of the viewer. Never look at the sun through the pinhole. This only intensifies the rays of the sun and the danger of permanently damaging your vision.



Announce New Daily Radio Show on WIND

The ISMS Public Relations Division proudly announces the debut of another public affairs radio series.

This one, entitled "According to Your Doctor," will be aired at 1:45 p.m. daily, Monday through Friday, beginning July 8 on Station WIND, Chicago, 560 on your dial.

"According to Your Doctor," a 20-program series, will run through August 2 as a special feature.

Like its weekly counterpart — "Medical Interview" — the new WIND series will feature prominent ISMS physicians in five minute discussions of timely health topics. Perry Marshall, WIND staff announcer, will moderate the program, with the society supplying the physicians, subject material and discussion outlines.

PULSE Vacation

The Pulse will not be published in July or August. Publication will be resumed in September.

Willing the Body to Medicine—Part 1

The use of human bodies in medical schools for the training of future physicians is almost universally accepted as a proper and necessary procedure. It is not so well understood, however, that the progress and direction of medicine has resulted in a more wide-spread need of human bodies for dissection and study. This material is published in question and response form for the guidance of physicians who are asked about these matters by their patients.

Part 2 of this Reference, which will appear in IMJ for July, lists banks or repositories for various parts of the human body available for use in direct transplant surgery. This list, although not complete, may be the most comprehensive compiled to date and as such represent a unique and useful addition to the Illinois physician's reference library.

---

1. How can I leave my body to medical science?

On request, legal forms (or the form on next page) authorizing this gift will be sent to the donor by the Demonstrator's Association of Illinois, 2240 West Fillmore St., Chicago 12, Ill. Two copies should be made out, one to be returned to the Association and one to be retained in the donor's important papers. No payment will be received for any body.

2. What is the Demonstrator's Association of Illinois?

It is the legal representative of all the medical schools in the state, relating to procuring, preparing and preserving cadavers for the medical schools of Illinois. It is governed by a board of directors, one from each school. None receives any compensation, nor does any school benefit or derive profit through its service. The Association is incorporated not for profit.

3. Do age, disease or amputations make any difference for study?

No. All can be used for medical study. However amputated portions have no value, and cannot be accepted.

4. What is the final disposal following study?

All schools use cremation, which satisfies state laws, and under these circumstances does not conflict with known religious requirements.

5. What is the view of organized religion toward willing one's body for medical research?

Protestant and Reformed Jewish faiths have no objection to this practice. "There is no objection to a Catholic willing his body for dissection purposes, provided it is properly and legitimately used for medical study or research," according to John W. Bieri, S.J., of Loyola University. "While the general law of the Catholic Church requires Christian burial for the deceased, it has long been recognized that in extraordinary circumstances or in serious inconvenience, bodies may be disposed of by burning. In medical schools, as the dissection takes place over a lengthy period of time various parts are burned as they are discarded until finally the whole body is burned. It would be impractical and gravely inconvenient to attempt arrangements for burial in such a case." The word cremation denoting a formal rite of burial must not be used in connection with these processes.

The exception to the consent of religious groups is the Orthodox Jewish faith.

6. Can the Ashes be returned to the family for burial?

Yes, if advance arrangements are made, the remains will be returned to the family.

7. When a donor dies, what is the procedure?

A funeral director should not be called. All Association personnel are fully licensed. If the Association makes all arrangements, there is no expense to the family. A telephone call to the Association at SE 3-5283 at any hour will bring a representative to remove the body.

8. Can parts of the body be donated to other banks as well as to the Association?

Yes, but arrangements must be made with each organization such as eye, bone etc., banks.

(Cut on Broken Line to Remove for Permanent Reference)

BEQUEATHAL FORM

I, MISS / MRS. / MR. _____ (PRINT OR TYPE), being of sound and disposing mind and desiring to be of service to medical science do hereby give my body to the medical school selected below, said gift to be effective immediately upon my death:

- ☐ **Cook County Graduate School of Medicine**
- ☐ **Chicago Medical School**
- ☐ **Northwestern University Medical School**
- ☐ **Chicago College of Osteopathy**
- ☐ **Stritch School of Medicine of Loyola University**
- ☐ **University of Chicago Medical School**
- ☐ **University of Illinois Medical School**

I further direct that my Executor, nearest relative or closest friend immediately notify the:

Demonstrator's Association of Illinois
2240 West Fillmore Street
Chicago 12, Illinois **Telephone: SEeley 3-5283**

I understand that the Demonstrator's Association of Illinois, which is the official representative of all the medical schools in the State, will make all arrangements on behalf of the medical school selected.

It is highly desirable that my body be neither embalmed nor autopsied, since either will limit its use for scientific study. No autopsy nor embalming to be performed without express authority of the Association. The Association reserves the right to decline the gift of any body embalmed or autopsied without its consent.

It is my expressed direction that the above instructions be carried out exactly and promptly.

Signed _____

Address _____

Date _____ City _____ Zone _____ Illinois

WITNESSED BY

1. _____ Address _____
Executor or next of kin (if possible)
Telephone _____ City _____ Zone _____

2. _____ Address _____

City _____ Zone _____

Complete this form in duplicate, retain one copy among your important papers and return the other to the Demonstrator's Association.

NEWS and ANNOUNCEMENTS

Elections

Illinois physicians recently elected to positions of authority are:

James A. Weatherly, Murphysboro — president of the University of Illinois Medical Alumni Association.

Dr. Hugh T. Carmichael—-vice president of the American Psychiatric Association.

Dr. Max S. Sadove — president of the Illinois Society of Anesthesiologists.

Dr. Robert B. Levy — president of the Chicago Laryngological and Otolaryngological Society.

Dr. Orville T. Bailey — Chicago Neurological Society.

Dr. David Shoch — president of the Chicago Ophthalmological Society; Dr. Bertha A. Klein — president elect.

Dr. Richard A. Perritt — president of the Eye, Ear, Nose and Throat Section of the International College of Surgeons.

Dr. Rigoberto J. Rodriguez — president of the medical staff of the Ridgeway Hospital.

Dr. Egbert H. Fell — president of the Chicago Surgical Society.

Dr. Richard B. Capps — president of the Presbyterian-St. Luke's Hospital Medical staff.

Dr. G. B. McNeely, Bloomington, has been elected Secretary-Treasurer of the Space Medicine Branch of the Aerospace Medical Association. His election to this position occurred during the 34th Annual Scientific Meeting in Los Angeles, California, April 29-May 2, 1963. He is a former president of the Civil Aviation Medical Association. The Aerospace Medical Association is the parent organization for aeronautical and astronautical medicine and is comprised of the Airline Medical Directors Association, Civil Aviation Medical Association, Space Medicine Branch, Society of United States Air Force Flight Surgeons, and Aerospace Industrial Life Sciences Association.



Dr. G. B. McNeely

He has been a member of the Aerospace Medical Association since 1942 and is a member of the Society of United States Air Force Flight Surgeons. He served as a Flight Surgeon of the 3rd and 9th Air Forces during World War II and since 1945 has been an Aviation Medical Examiner for the Federal Aviation Agency.

Awards

Senior medical students at the University of Chicago School of Medicine have received three out of fifteen national awards for student research given this year by the American Society of Clinical Pathologists.

Ira Finegold and Roger L. Ladda received Sheard-Sanford Awards, while Thomas A. Borden received the Bausch & Lomb Award gold medal.

The Ludwig Hektoen Pathology Awards, given for outstanding original research work carried out by residents training in pathology in the Chicago area, have been awarded to Dr. Seymour Rosen, Dr. David Jacobs and Dr. Raul Heredia.

An exhibit prepared by the University of Illinois College of Medicine, which won a silver medal at the recent Illinois State Medical Society annual meeting, won first prize at the national meeting of the American College of Obstetrics and Gynecology. The exhibit submitted by Drs. Peter Siegel, E. J. Liebner, Roger Harvey and William Mengert. The exhibit is entitled "Gynecological Patterns in Lymphography."

Doctor on the Go

Dr. Jules Masserman, professor of neurology and psychiatry at Northwestern University will be traveling around the world within the next two months. For part of this tour, he will represent the U.S. Department of State as a "travelling scholar" in the Middle East and Eastern Europe. Before that he will be in Japan, India, Hong Kong, Thailand and Israel — as a representative of the American Psychiatric Association.

Grants

The Committee on Human Development of the University of Chicago has been awarded a grant of more than a quarter of a million dollars to train specialists in the problems of the aged.

The grant from the National Institute of Mental Health covers a five year period.

Five grants totaling $161,721 have been accepted recently by the University of Illinois College of Medicine in Chicago.

The largest grant, $64,880, for a project titled "Analysis of Psychoanalytic Therapy Process" is under Dr. Ernest A. Haggard in the Department of Psychiatry.

A $61,465 grant for a "Study of Automatic Teaching in Medical Education" is under the supervision of Dr. George E. Miller in the Office of Research in Medical Education.

A grant for $14,124 for a project in "Catecholamine Metabolism in Neuroblastoma" will be supervised by Dr. Ira Rosenthal in the Department of Pediatrics.

Dr. Conrad L. Pirani in the Department of Pathology will direct a $4,486 grant for "Studies on Capillaries of Skin and Subcutis."

The above grants were awarded by United States Public Health Service.

A $16,866 grant from the American Cancer Society for a project titled "Specificity of Glycolytic Pathway Enzymes" will be supervised by Dr. Paul Kohn of the Department of Biological Chemistry.

Recent reports suggest...insulin and sulfonylureas may accelerate lipogenesis, fat accumulation, weight gain; thus appear to aggravate obesity in diabetics[1-5] *...serum "insulin" levels are often elevated in obese diabetics*[2,3,6]*...DBI (phenformin HCl) reduces high blood sugars, lowers elevated "insulin" levels, tends to reduce body weight toward normal.*[1,3,7-9]

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DBI-TD® timed-disintegration capsules 50 mg.

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Meeting Memos

Chicago Gynecological Society, June 21, Drake Hotel;
"Metropolitan Dilemma-Chicago"—Philip M. Hauser, Director, Population Research and Training Center;
American Orthopaedic Association, Hot Springs, Va., June 24-27;
Society of Nuclear Medicine, Montreal, June 26-29;
Neurosurgical Society of America, London, June 27-29;
Second International Conference on Congenital Malformations, New York City, July 14-19

Scientists from nine nations will present reports of recent advances in the understanding and treatment of birth defects during the meeting which is expected to attract more than 1,000 physicians and researchers. General Chairman for the meeting is Dr. Frank L. Horsfall, president and director of Sloan-Kettering Institute for Cancer Research.

Eighth International Congress on Diseases of the Chest, Mexico City, October 11-15;

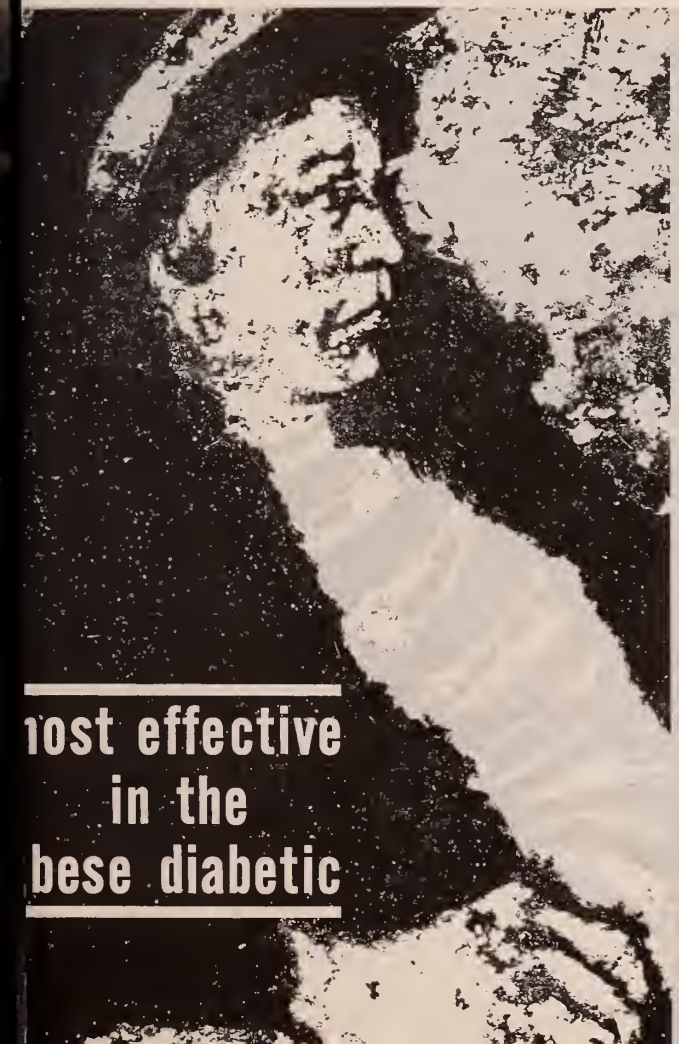
Annual Meeting of the American Association of Poison Control Centers, October 6, Chicago;

Those who are interested in presenting papers to this group are asked to submit abstracts by August 15 to Joseph R. Christian, M.D., Chairman, Division of Pediatrics, Presbyterian-St. Luke's Hospital, Chicago 12, Illinois.

Mid West Allergy Forum, Cleveland, October 12-13;
Scientific Session, American Cancer Society, New York, October 21-22;
Society for Clinical and Experimental Hypnosis, New York, October 23-26;
Association of American Medical Colleges, Chicago, October 30

This meeting will include a Conference on Research in Medical Education. Original Papers on the learning process, prediction and evaluation or performance, student selection or specific education studies are invited. Further information may be obtained from Paul J. Sanazaro, M.D., Director, Division of Education, Association of American Medical Colleges, 2530 Ridge Avenue, Evanston, Illinois.

American College of Cytology, November 7-9, Columbus, Ohio;
National Society for Crippled Children, November 22-25, Chicago.



DBI and DBI-TD (phenformin HCl),

administered to ketoacidosis-resistant diabetics requiring hypoglycemic therapy: **A.** act to reduce high blood sugar without increasing fat synthesis or weight gain as insulin and sulfonylureas tend to do. **B.** do not increase already elevated endogenous insulin levels; may, indeed, act to restore more normal insulin levels. **C.** favor reduction of weight towards normal.

Insulin is still the essential hypoglycemic agent for the ketoacidosis-prone diabetic. However, in the ketoacidosis-resistant obese diabetic phenformin appears to be the hypoglycemic of choice to help avoid weight gain or reduce adiposity, a factor tending to make control more difficult and to increase the likelihood of complications.

Summary: Indicated in stable adult diabetes, sulfonylurea failures and unstable diabetes. Gastrointestinal side effects occurring more often at higher dosage levels abate promptly upon dosage reduction or temporary withdrawal. Occasionally an insulin-dependent patient will show "starvation" ketosis (acetonuria without hyperglycemia) which must be differentiated from "insulin-lack" ketosis, and treated accordingly. Use with caution in severe liver disease. Not recommended without insulin in acute complications (acidosis, coma, infections, gangrene, surgery). Consult product brochure for full information.

Bibliography: 1. Williams, R. H.: Textbook of Endocrinology, Ed. 3, Saunders, Philadelphia, 1962, p. 610. 2. Gordon, E. S.: Metabolism 11:819, 1962. 3. Grodsky, G. M. et al.: Metabolism 12:278, 1963. 4. Sadow, H. S.: Metabolism 12:333, 1963. 5. West, K. M. and Tophoj, E.: Metabolism 10:689, 1961. 6. Yalow, R. S. and Berson, S. A.: Diabetes 9:254, 1960. 7. Weller, C. et al.: Scientific Exhibit, A.M.A., June 1962. 8. Weller, C. et al.: Metabolism 11:1134, 1962. 9. Radding, R. S. et al.: Metabolism 11:404, 1962.

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PG Courses

The Department of Otolaryngology of the University of Illinois College of Medicine is planning two postgraduate programs for the near future. September 12-28 a postgraduate course in Laryngology and Bronchoesophagology will be offered under the direction of Dr. Paul H. Holinger.

October 5-11 in conjunction with the Illinois Eye and Ear Infirmary, a postgraduate basic and clinical program for practicing otolaryngologists will offer basic information and news of current advances in medical and surgical management. Dr. Emanuel M. Skolnik will direct the program.

A five-day course in "Sources and Use of Toxicological Information" will be presented by the Institute of Industrial Medicine, New York University Medical Center, in cooperation with the American Industrial Hygiene Association on October 14 through 18, 1963. The course will be given at the Onchiota Conference Center, Tuxedo, New York, near the new University Valley campus of New York University.

Schedules in training courses in the diagnostic application of radioactive isotopes for 1963 and early 1964 have been announced by the Oak Ridge Institute of Nuclear Studies, Oak Ridge, Tenn.

The courses are designed to provide physicians with basic training and clinical experience as required by the Atomic Energy Commission for licensure.

The three-week courses are presented in one-week sequences: basic, preclinical, and clinical. The sequences may be taken either consecutively or in single weeks spaced at the convenience of the applicants, for the benefit of physicians unable to leave their practices for three successive weeks.

Applicants for the courses must be United States citizens and must possess a current license to practice medicine within the United States.

The schedule for course presentations is as follows:

Nervous
Geriatrics



Mental
Custodial

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Basic Week — *In vitro* Counting: July 8-12, Aug. 5-9, Sept. 9-13, Jan. 6-10, March 2-6.

Preclinical Week — External Counting: Aug. 12-16, Sept. 16-20, Jan. 12-17, March 9-13.

Clinical Week — Diagnostic Procedures on Patients: Sept. 23-27, Jan. 20-24, March 16-20.

Further information on course content, fee schedules, and application blanks may be obtained by writing the Special Training Division, Oak Ridge Institute of Nuclear Studies, P.O. Box 117, Oak Ridge, Tenn.

A nine month tutorial program in Cardiology, September 15, 1963 to June 15, 1964, will be offered by the Institute for CardioPulmonary Diseases, Scripps Clinic and Research Foundation, La Jolla, California. This will be an intensive, academic effort covering the field of cardiovascular diseases and is especially designed for the practitioning physician who desires thorough instruction in this field and for the physician who is finishing his period of formal training and wants a final intensive orientation in cardiology. For details, write: Executive Secretary, Institute for CardioPulmonary Diseases, Scripps Clinic and Research Foundation, La Jolla, California.

The Annual Course in Postgraduate Gastroenterology of the American College of Gastroenterology will be given at the Shoreham Hotel in Washington, D.C., October 24-26.

This year the Moderators for the Course will be Dr. I. Snapper, Director of Medical Education, Beth-El Hospital, Brooklyn, N.Y. and Dr. Robert J. Coffey, Professor of Surgery, Georgetown University School of Medicine, Washington, D.C.

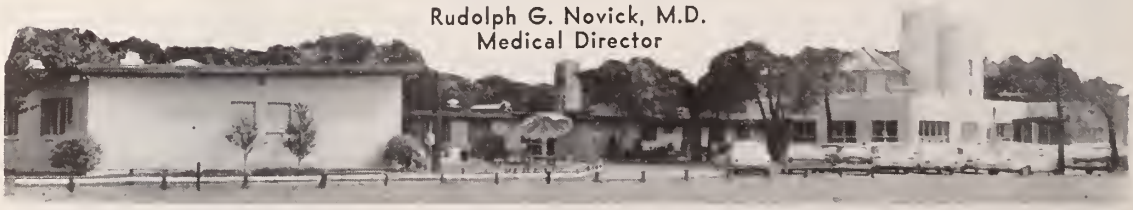
The faculty for the Course will be drawn from the Medical Schools in and around Washington. The subject matter to be covered, from the medical as well as the surgical viewpoint, will be essentially, the diagnosis and treatment



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- **New therapy building** with swimming pool, gymnasium, game room, beauty shop, living-bedroom combinations, an open area for selected patients. Milieu therapy.
- **Fifty-six attending psychiatrists,** a consulting staff of 30 in all specialties, and a house staff of seven.
- **Conducts an extensive** adjunctive therapy program, in which occupational, recreational and group work staff combine skills in a total therapeutic effort (with patient activities and staff attitudes specifically prescribed by the physician).
- **An adolescent program** under full time child Psychiatrist.

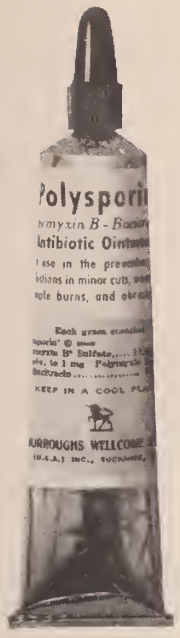
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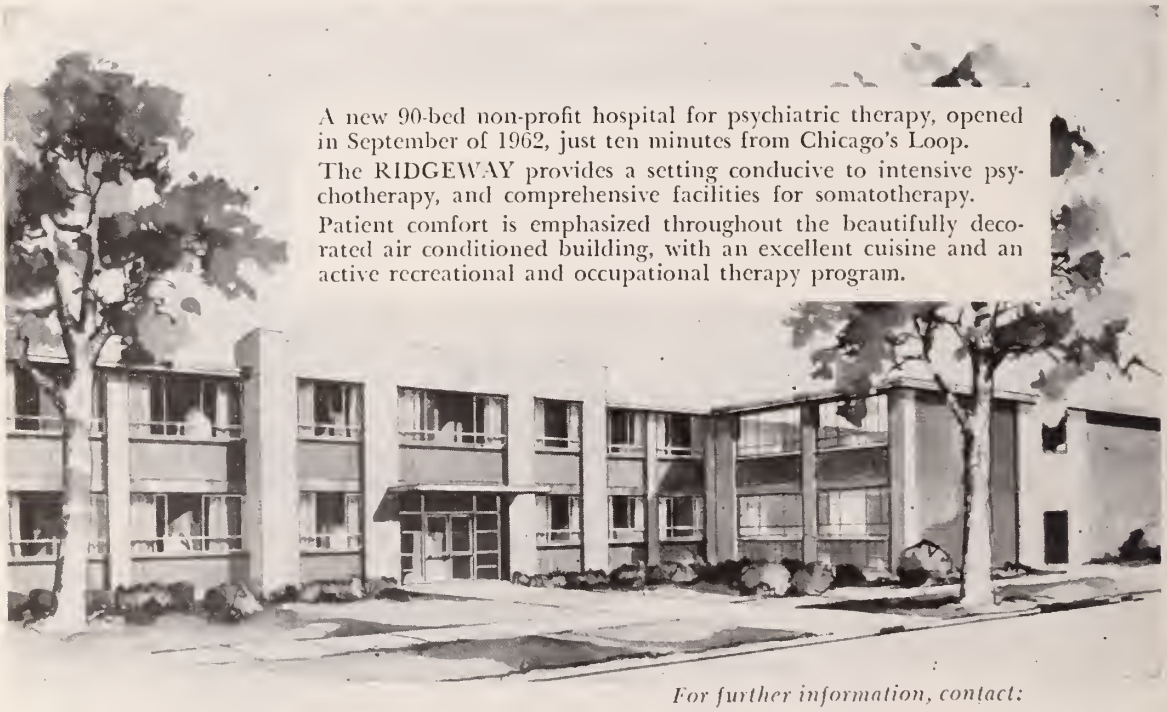
Mailing Address: Rochester, Illinois Telephone (Springfield) 544-2251

of gastrointestinal diseases and comprehensive discussions of diseases of the mouth, esophagus, stomach, pancreas, spleen, liver and gallbladder, colon and rectum. A clinical session will be held at one of the hospitals in Washington in addition to the several individual papers to be presented.

For further information and enrollment, write to the American College of Gastroenterology, 33 West 60th Street, New York 23, N.Y.

Crippled Children Clinics

July 3 Hinsdale — Hinsdale Sanitarium
July 5 Chicago Heights (Cardiac) — St. James Hospital
July 9 East St. Louis — Christian Welfare Hospital
July 9 Peoria (General) — Children's Hospital
July 10 Champaign-Urbana — McKinley Hospital
July 10 Joliet — Silver Cross Hospital
July 11 Cairo — Public Health Building
July 11 Flora — Clay County Hospital
July 11 Springfield (General) — St. John's Hospital
July 11 Sterling — Community General Hospital
July 16 Danville — Lake View Hospital
July 16 Quincy — St. Mary's Hospital
July 17 Evergreen Park — Little Company of Mary Hospital
July 18 Decatur — Decatur & Macon Co. Hospital
July 18 Elmhurst (Cardiac) — Memorial Hospital of DuPage Co.
July 18 Rockford — St. Anthony's Hospital
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Why Opposition to Fluoridation

Several studies were reviewed in Dental Abstract that may help to clarify this question. Gamson and Frans[1] concluded that there is no relationship between education and favorable community action on fluoridation. Towns with very low and very high median education may be more likely to give the project a favorable vote than towns in the middle. There also is a tendency for wealthier communities to take more favorable action and the same can be said of towns experiencing rapid growth.

Simmel,[2] in an opinion survey of two New York cities, found that those rated as having highest on style and standard of life had the highest percentage favoring fluoridation. The same applied to professional persons, technical workers, managers, and proprietors. The opposite was true at the other end of the social line. His data showed those with a lower feeling of political efficacy are more opposed to fluoridation than those who feel they are politically effective.

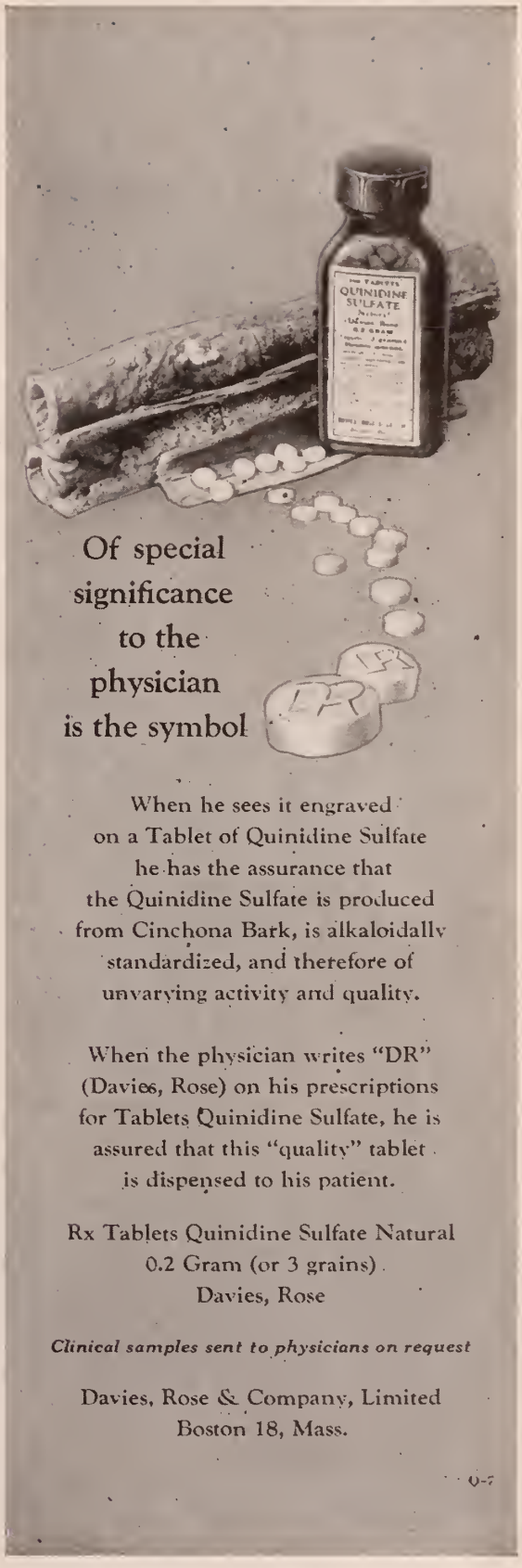
The anti fluoridation leaders fight the method with an impassioned opposition that has lead to bitter local disputes. Green[3] held informal interviews with 28 antifluoridation leaders in six Massachusetts communities. All mentioned the dangers varying from assertions that is was poisonous to less specific statements that the method was unreliable.

The leaders also discussed the possible motives of the proponenets of fluoridation.

None had any interest in the health issues. Five were followers of national food diets and several were Christian Scientists. The author concluded that the poison argument might be voiced in public but less so in private. The basic idiology is the force behind the opposition.

REFERENCES

1. Gamson, William A., and Frans, Peter H. Community characteristics and Fluoridation outcome. J. Soc. Issues 17:66-74, (Dec.) 1961.
2. Simmel, Arnold. A signpost for research on fluoridation conflicts: The Concept of relative deprivation. J. Soc. Issues 17:26-36 (Dec.) 1961.
3. Green, Arnold L. The Ideology of anti-fluoridation leaders. J. Soc. Issues 17:13-25 (Dec.) 1961.



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Deaths

J. Joseph Baratz°, Chicago, a graduate of Rush Medical College in 1926, died March 14, aged 60. Certified in pediatrics in 1942, he was formerly clinical assistant professor of pediatrics at the University of Illinois.

Israel H. Chilcott, retired, California, a graduate of Loyola University Medical School in 1909, died April 29, aged 78. He was former chief of staff at St. Francis Hospital in Evanston. He had lived in Santa Barbara, Calif., since his retirement in 1948.

Morris K. Fradkin°, Chicago, a graduate of the General Medical College in 1923, died May 6, aged 66.

Abraham H. Goldberg, Sault Ste. Marie, Michigan, a graduate of the University of Illinois College of Medicine in 1928, died April 28, aged 60. He had maintained a practice in Chicago until 1949 when he moved to Michigan.

Emil Jonas°, Chicago, a graduate of the University of Prague in 1920, died April 22, aged 67.

Joseph W. Loewy, Chicago, a graduate of Bennett Medical College in 1914, died January 10, aged 71.

Ernest C. Martin°, Chicago Heights, a graduate of Meharry Medical College in 1918, died February 21, aged 68.

Homer F. Moore°, Rockford, a graduate of Northwestern University Medical School in 1910, died aged 79. He was a member of the 50 Year Club and an emeritus member of the Society.

Raymond J. Neef, Chicago, a graduate of Chicago College of Medicine and Surgery in 1915, died April 12, aged 81.

Joseph Prendergast°, retired, Oak Park, a graduate of Rush Medical College in 1894, died March 26, aged 96.

Angelo Ravasi°, retired, Chicago, a graduate of Chicago College of Medicine and Surgery in 1917, died April 29, aged 75.

Norman C. Risjord°, Highwood, a graduate of the General Medical College in 1923, died April 25, aged 70. He was health officer for Highwood for 35 years.

John T. Ryan°, Oak Park, died April 17, aged 35.

Frederick W. Stamp, Chicago, a graduate of the University of Buffalo School of Medicine in 1943, died April 13, aged 48. He was clinical director of the consultation clinic for epilepsy at the University of Illinois College of Medicine.

Oswald G. Stark°, Rock Island, a graduate of Rush Medical College in 1911, died April 1, aged 79. He was a member of the ISMS 50 Year Club and a former member of the Chicago Symphony Orchestra.

James H. Taylor°, Chicago, a graduate of Rush Medical College in 1905, died February 15, aged 86. He had served a term as alderman of the 37th ward and was a member of the 50 Year Club.

Edgar Cleveland Turner°, Evanston, a graduate of Rush Medical College in 1924, died April 14, aged 69. Certified in surgery in 1944, he was clinical assistant in surgery at Northwestern University.

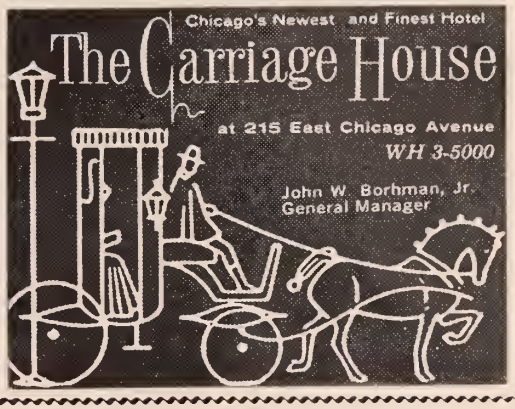
Matthew E. Uznanski°, Chicago, a graduate of Northwestern University Medical School in 1922, died April 24, aged 67. He was a fellow of the International College of Surgeons and of the American College of Gynecology. A past president of the Northwest branch of the Chicago Medical Society, he was president of the Polonus Philatelic Society and a 50-year member of the Polish National Alliance. Mrs. Uznanski is president of the Woman's Auxiliary to the Illinois State Medical Society.

Houston W. Vernon, Wake Forest, North Carolina, a graduate of the Baltimore School of Medicine, died September 14. He had practiced medicine in Chicago for 46 years before his retirement to North Carolina 4 years ago.

Richard F. Weissbrenner°, Chicago, a graduate of the University of Illinois College of Medicine in 1910, died March 9, aged 77. He was a fellow of the American College of Surgeons, an emeritus member of the Society and a member of the 50-Year Club.

Walter Yovaish, Danville, a graduate of Indiana University School of Medicine in 1927, died April 15, aged 66. He was former assistant chief surgeon at the Veterans Administration hospital in Danville.

°Indicates member of Illinois State Medical Society.



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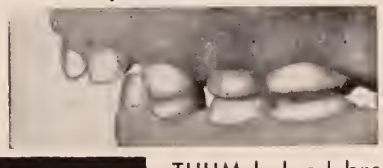
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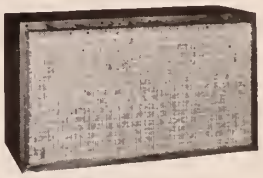
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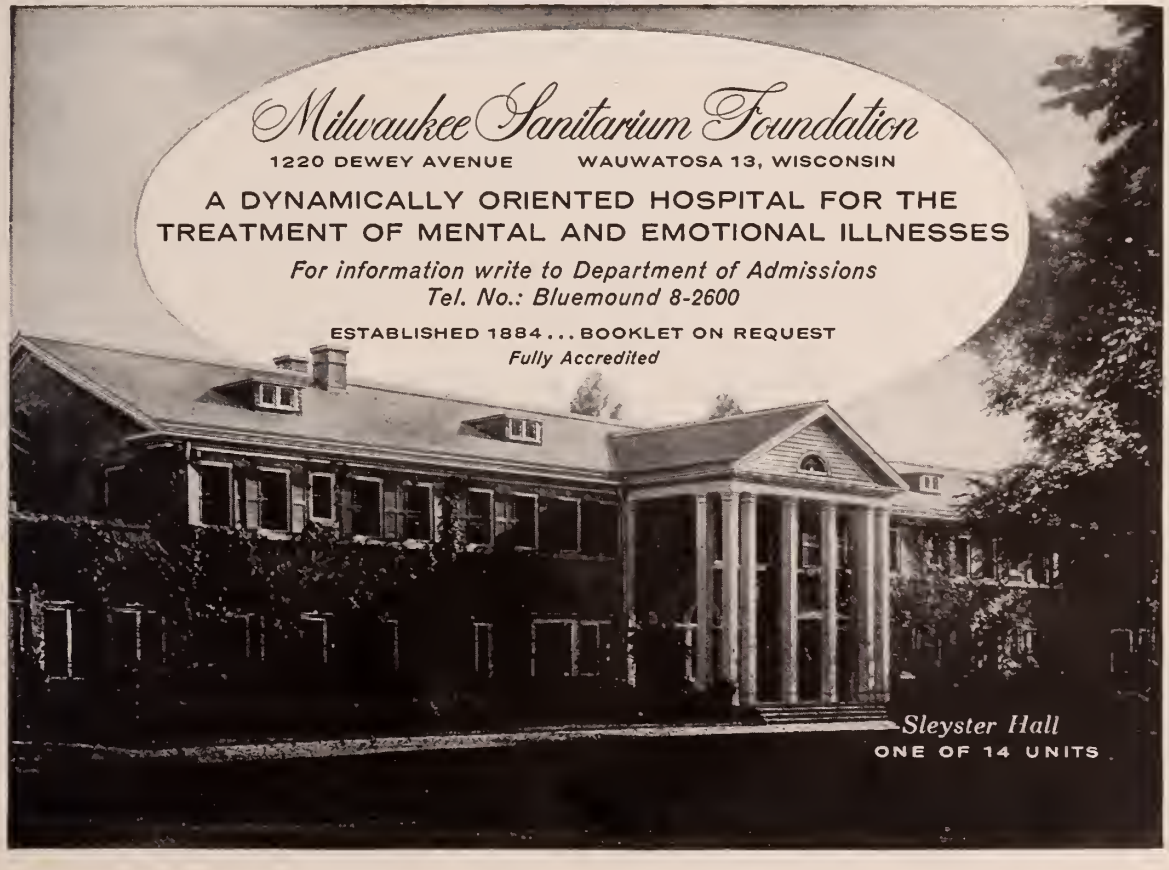


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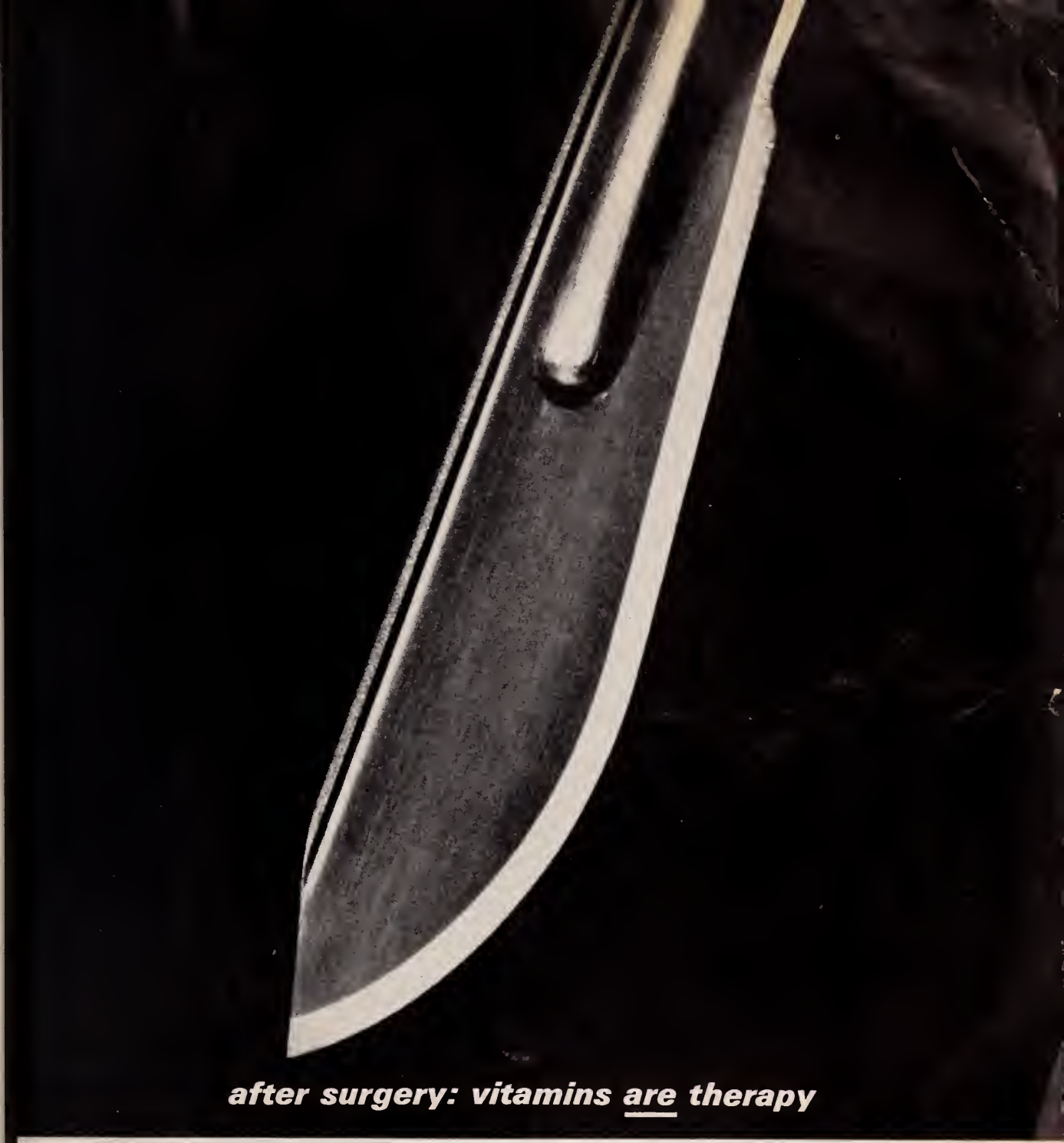
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